1	It	em 18c Film 4	OS 1-10-69 MARYLAN	D STATE DEPARTMENT OF 1 301 W. PRESTON STREET, BALT	HEALTH RIMORE MARYLAND 21201	
4-		01571		CERTIFICATE OF DEATH	more, mariante a la el	01564
off. 3		ECEASED-NAME First Type or print)	Middle	Lost	20. DATE OF DEATH  Jan Month 7 Do	2b. HOURA
de de de	0.0	Lul		Adams	6.07.	1969 2:00 A
and the second	3. S		4. RACE	S. DATE OF BIRTH	6. AGE (In years lost birthday)  69  YRS.	MONTHS DAYS HOURS MAN
rrs o	7-	Female	Whi te	9/19/99		
4 hau 4 in b sers. 72 hou	COU	BIRTHPLACE (Stote or foreign ntry) (est Virginia	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER NEV	9. COUNTY OF DEATH WASHINGTON	Mc
equires that the death certificate be executed within 24 hours after death physician. signed by the attending physician and campletely filled in by the tuneral burial-transit permit. Then please remove carban papers. Pages and burial, crematian, ar remaval, and in any event, within 72 hours tute. Jean	10.	CITY OR TOWN OF DEATH HAGERSTOWN		STATE HOSPITAL during in hospital	AL OCCUPATION (Kind of work done nost of working life, even if retired.) USEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
nd camples	13o, odm	USUAL RESIDENCE (Where deceosission) STATE Maryland	lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY		et
any co	14.	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME		Dodge
an dan da in da in	_	Wilbur	Teets AED FORCES? 166. SOCIAL SECURITY	Id.	a <u>Dockge</u>	Adams
te death certificate b attending physician permit. Then please ian, ar remaval, and i	100	WAS DECEASED EVER IN U.S. ARA  'es, no or unknown') (If yes give w	NEW FORCES!  Not or dates of service)  820-01-8:		Address Ridgeley	W. Va.
certi g ph Then mav	F	18. CAUSE OF DEATH (Enter on	ly one couse per line for (a) (b) and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
eath indin or re		PART I. DEATH WAS CAUSE	n pv.	e heart failure		5 yrs.
afte pem ian,	1	3940	DUE TO, OR AS A CONSEQUENCE OF			
at the the risit mat		Conditions, if ony, which gove ) rise to immediate cause (o), (	(b) P1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	aufficiency		20 yrs.
st th ician. sd by Il-tra		stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (c) Rheumati	c heart disease		20 yrs.
PHYSICIAN: The law requires that the death certificate be be hospital or attending physician. This certificate has been signed by the attending physician attached far use as the burial-transit permit. Then please reports of Health priar to burial, crematian, ar remaval, and in		PART 2. OTHER SIGNIFICANT COI		OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
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the law ratending has been se as the h priar to	CERTIFICATION	TV. DATE OF OFERNATION	COMMITTER WHICH OF EASIEST HAVE	YES NO	CAUCIC OF DEATHS	
N: 7 or or or us	L CER	210. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJURY		er noture of injury in Port 1 or Port 2,	
Pitcle prital prital ad fo	MEDICAL	OR CONTRIBUTING CAUSE OF CEAT	ner) P.M. 19	,		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health priar to	差	While Not while		TORY.) 21f. LOCATION Street or R.F.D. No		County State
by the ffer be decorated		22a. I certify that (I) (ta	attended the decease	ed fram. 12/18 , 19 969 , and that in (my) france ap	68, ta 1/7 , 19	69, that (i) (900); las
ned ned the the		causes stated above	e, (i) 100e) (did) (stist rest) view the	969_, and that in (my) fame ap bady after death.	inian death accurred an the d	ate and havr and from the
Street AT		22b. SIGNATURE			MED. STAFF 22c.	DATE SIGNED
be be 3 ge 3 lled		Chon	of Choon Haw		DIRECTOR L PHYS, XL L	./7/69
ERAL FIRAL FIRAL FIRAL FIR. PO		22d. PHYSICIAN'S NAME (Type) Chong	C. Han, M.D.	1500 Penns	stern Md. State H Sylvania Ave., Ha	gerstown, Md.
HOS fige 4 FUNI recto	23α	BURIAL, CREMATION, 23b.		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
5g 5 px	00		11/1969 Mt. Ta	bor Cemetery	Near Cumberland  BY REGISTRAR   25b. REGISTRAR	
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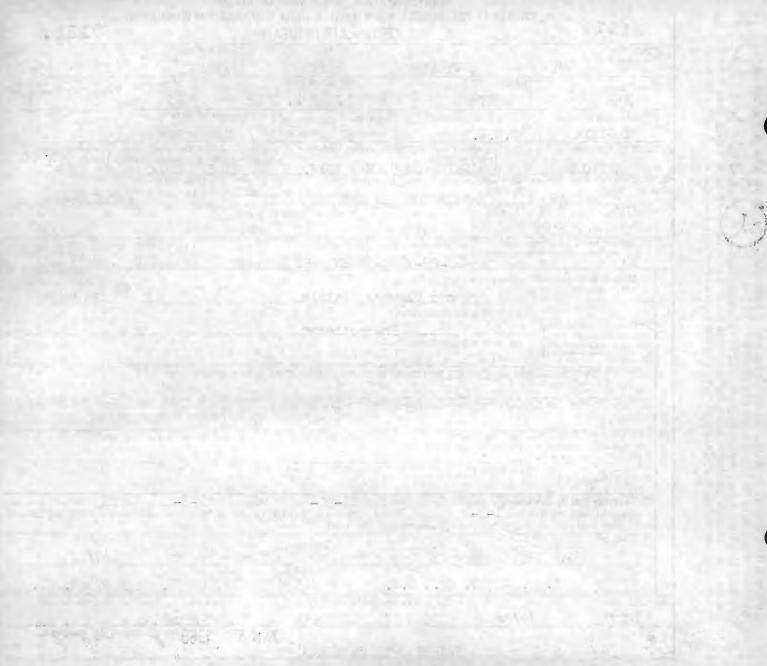
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1	1	01573	DIVISION OF VIT	AL RECORDS,	301 W. PRESTON ST	REET, BALTI		RYLAND 2	21201	01566	
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Ē <u>₹</u>		CEASED-NAME First		Middle	Last		2a. DATE O	F DEATH	Davis	Vana	2b. HOUR
dear	1	ype or print)	CENT AL	FRED	AYERS		JANU	ARY	30. Day	969	2b. HOUR 6: 30 <sub>M</sub>
	3. SE	X	4. RACE		S. DATE OF I	BIRTH		6. AGE (In	years		IF UNDER 24 HRS.
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by dan aum	70.	BIRTHPLACE (State or foreign intry)	7b. CITIZEN OF WHAT C	DUNTRY?	8. MARRIED NEVER MA	RRIED (	9. COUNTY O	F DEATH			
24 hour ed in by appers. First hau	M A	ARYLAND	U.S.A.			ORCED 🗍	WASH	INGT	N		Md.
rithin 24 in pape within 7	10. 0	ITY OR FOWN OF DEATH	give street	F HOSPITAL OR INS	TITUTION (If not in haspital	during mo	ST of working	g life, even il	ark dane Fretired.)	12b. KIND OF B INDUSTRY PETRO	
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be en and remain ar		WILLIAM	-	ERS		Емма		MICH	HALES	MCDON	ALD
icate be rician o please II, and ii		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b.	SOCIAL SECURITY I	O. 17. INFORMANT				Address		
ertificate b physician pen please aval, and i		(es, no, or unknown) (If yes give	war or dates of service) 2	14 12 :	3611 JULIA	NA AYE	RS P	ENNA	AVE.		
The P		18. CAUSE OF DEATH (Enter of	nly one couse per line for	(a), (b), and (c).	) / ,					APPROXIMA BETWEEN ON:	ATE INTERVAL SET AND DEATH
ne deoth ce attending p permit. The		PART 1. DEATH WAS CAUS	ED BY: IATE CAUSE (a)	man	occlusi	m				1 mie	n
ne death attendi permit. ian, ar r		4109	DUE TO, OR AS A	1	.0		711	_			
t the the sit p		Conditions, if any, which gave	) (6)	ASHI						10 me	ano
7		rise to immediate cause (a), stating the underlying cause last.	0 21 TO 00 15 M	CONSEQUENCE OF	tic Heart	Visla	ze			500	ears
quire shys igne surio		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERMIN	AL DISEASE ORC	ONDITION GIV	EN IN PART I	(o)	- 0	
ng len s	Z										
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by pe 3 should be detached for use as the burial-traned with the State Dept. of Health priar to burial, cre-	CERTIFICATION	190. DATE OF OPERATION 191	o. CONDITION FOR WHICH C	PERATION WAS PE	RFORMED 20g. AUT		CALIST	IF YES, WERE ES OF DEATH'		ONSIDERED IN CEI	RTIFYING
are are us		210. ACCIDENT WAS UNDERLY			21c. HOW INJURY O	CCURRED (Enter	r nature of inj	ury in Part 1	or Part 2,	Item 18.)	
E PER PER PER PER PER PER PER PER PER PE	MEDICAL	OR CONTRIBUTING CAUSE OF DE (If either, notify medical exam	ATH HOUR A.M. Mi	onth Doy Year	9						
hasp hasp refree	WE		B. PLACE OF INJURY (AT H	DME, FARM, STREET, FAI E BUILDING, ETC.	TORY.) 21f. LOCATION Str	eet or R.F.D. No.	. Cit	y ar Town		County	State
this details of the De	ш	at wark at wark					1-	12-		19	
JNO by 1 frer be o		22a. I certify that (I) (t	his haspital) attende	d the decease	ed from 1/120	, 19_2		130	, 19.	U /, that	
R ATTEND retained   ECTOR: At 3 shauld   with the S	Р	saw the deceased causes stated abav	alive an	nat) view the	969, and that in (r bady after death.	ny) (aur) apı	nian death	accurred (	an the da	ite and hour a	nd fram the
S S S S S S S S S S S S S S S S S S S	П	22b. SIGNATURE		-m17	ATTEND	DING NO M	NED.	STAFF	22c.	DATE SIGNED	a
De		F-15/140	maste	1112,	DEGREE PHYS.	A D	IRECTOR -	PHYS.	ه الــا	2/1/6	/
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type)	3 Thoma	SIE	4. D. 220. AL	JUKESS HY	ANC	OCK		Md.	
O HOSPI' Page 4 n O FUNER director, shauld b	230		. DATE	23c. NAME OF	CEMETERY OR CREMATORY		1	TON (City or		(County)	(State)
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VR ALSON D	24	FUNDRAL DIRECTOR	1.	ADDRESS			Y REGISTRAR	2Sb. 1	REGISTRAR'S	SIGNATURE	
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- 1	015	122		CE	RTIFICATE O	F DEATH			0156	
	(Type or print)	First		Middle	Last		20. DATE OF	Month De	Year	26. HOUR a
		GUY		WILLIAM	BAKE		JANUA	11	69	5:20 M
13	. SEX		4. RACE		S. DATE O		,	6. AGE (In years last birthday)		IF UNDER 24 HRS. HOURS MIN.
1	MALE		WHITE			2, 188		82 YRS.		
7	a. BIRTHPLACE (Sta country) VIRGI		7b. CITIZEN OF WHA		MARRIED NEVER I	WARRIED TO VORCED TO	9. COUNTY OF WASHI			
ŀ	O. CITY OR TOWN C		11 NA	ME OF HOSPITAL OR INSTIT	TITION /If not in basnits	120 11511		(Kind af wark dane	126. KIND OF R	Md.
1	HAGERS	TOWN	give st WA	reet address) SHINGTON C	OUNTY HOSE	during m	ast of warking IRED CU	life, even if retired.) STODIAN	INDUSTRY INDUSTRY INDUSTRY INDUSTRY	THODIS
1 1	3a. USUAL RESIDEN dmission) STATE	E (Where decea	sed lived, if institution 13b. COUNTY	n: Residence before	3c. CITY OR TOWN	13d, WISIDE CITY L	IMITS? 13e. STI	REET AND NUMBER		7-10
		ARYLAND	WA		HAGERSTOWN	X		143 SUNNYS	SIDE DKI/	
ı	4. FATHER'S NAME	First	Middle	Last	IS. MOTHER S	MAIDEN NAME		Middle	#1317F31	Last
ŀ	lóg. WAS DECEASED	CHARLE		BAKER 166. SOCIAL SECURITY NO.	17. INFORMANT	EMI		Address of	UNKNO	
1	Yes, no ar unkna	MU) (It has dine.	war or dates of service)	217-09-997		RY A BAT		HAGERSTOWN	SUNNYSIDE	ND BILLE
F	18 CAUSE OF	DEATH (Enter or		e for (a), (b), and (c).)	CA MICOS MA	- A DAU	, IU.S	2102.1010	APPROXIM	ATE INTERVAL SET AND DEATH
1	PART I. D	PATER MAKE CAMES	'n ny	oncho Pleu	ral Fistul	2			36 ho	
1	510	IMMEDI		A CONSEQUENCE OF C	I AL TIOVAL	- 54			13:1-1101	11.8
1		iny, which gave	) "	_	neumothora	ıx.				
1		iate cause (a), derlying cause		A CONSEQUENCE OF						
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1	PART 2. OTHE	SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIVE	IN PART 1(a)		
1	19a, DATE OF O	EDATION TIOL	CONDITION COD WHI	CH OPERATION WAS PERF	DRINED 200 A	UTOPSY?	31 400	YES, WERE FINDINGS	CONSIDERED IN CE	DITEVING
2	E ING. DAILORD	EKAHUN 170.	CONDITION FOR WAI	IN OPERATION WAS PERF	YES YES		CALIETE	OF DEATH?	CONSIDERED IN CE	NIII IIIIG
	19a. DATE OF O	WAS UNDERLYI	NG 216. TIME OF	INJURY		OCCURRED (Ente	r nature af iniu	ry in Part 1 or Part 2,	Item 18.)	
		NG □ CAUSE OF DEA		Manth Day Year					,	
	₹ 21d. INJURY C	CCURRED 21e	PLACE OF INJURY	AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	21f. LOCATION S	Street at R.F.D. No	ı. City	ar Tawn	Caunty	State
	While Na at wark at	wark								
	22a. I certi	fy that (I) (A	n's hospital) atte	nded the deceased	from 12-31-	, 196	8_, to_1	-3, 1	9 <u>69</u> , that	(I) (we) las
	saw th	e deceased o	e (I) (Ma) (did) (	did not) view the bo	dy ofter death	(my) ((())) ap	inian death (	iccurred on the d	ate and hour o	nd tram the
	22b. SIGNATUR		at the Market (and )	1/		walloo .	MED.	220	. DATE SIGNED	
		1	HI A	1160	DEGREE PHYS	NDING Z	OIRECTOR	STAFF PHYS.	1/4/69	
1	22d. PHYSICIA					ADDRESS	*******		an Amer St	100
	NAME (Ty	111 0	W. DITTO					N ST. HAGE		MD.
i I				inn. Hater Of CC	METERY OR CREMATOR	V	1 234 TUCATIO	ON (City or Town)	(County)	(State)
	23a. BURIAL, CREMA		DATE						, , , ,	
	23a. BURIAL, CREMA REMOVAL (Spe BURIAL) 24. EUNERAL DIREC	ity)	1/7/69		ILL CEMETE	RY	HAGER	STOWN WASI	HINGTON.	MD.



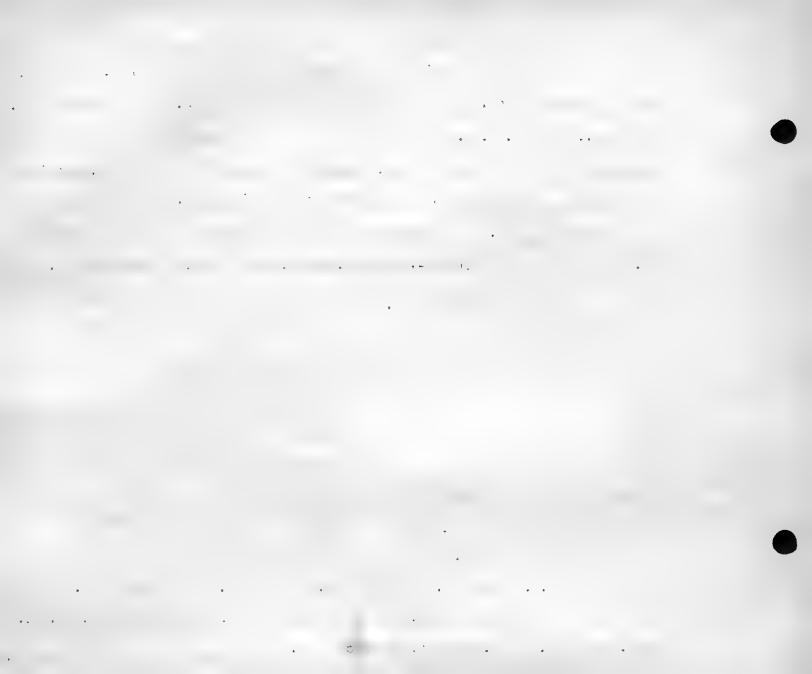
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MAKYLAND STATE DEPARTMENT OF HEALTH

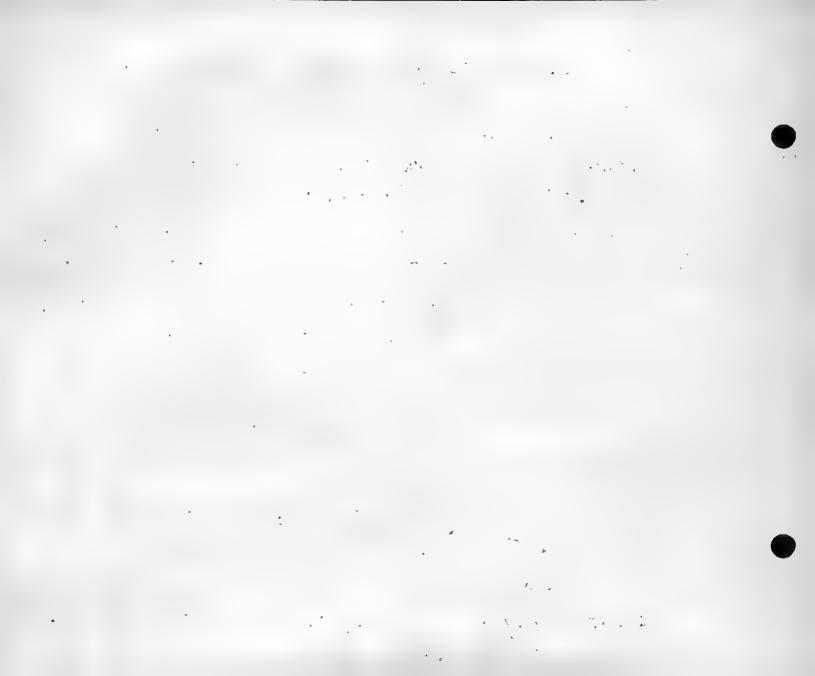


1	Itoms 18x22a Film 409 MARYLAND STATE DEPARTMENT OF HEALTH 2-17-69 ams division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201	1571
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 DECEASED-NAME First Middle Last 20 DATE KNOWN Manth (Type or Print) OF ESTI-	Day Year 25 HOUR
Any defay is 2, and 3 to PM3. Page	Ardrey Salta Betts Death Mated Jan.	25 169 3 P. M
d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (a years IF LINDER 1 YEAR F JINDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
2, and 3 PM3. Po	Male White Oct. 21,1922 46 YRS Jan. 25,	1969 5 PM
2 - B	70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
To so de la	Carroll Co., Md. U. S. A. WIDOWED DIVORCED Washington	Md
hours after death Item 18. Give Pages 1, Office olong with form land 2 with the State De		26 KIND OF BUSINESS OR
Give Page With me St.	Hagerstown   Washington Co. Hospital   Labor   Co	nstruction
olong Site	13a USUAL RES DENCE (Where deceased rived, finishtation Residence before 13c CITY OR TOWN 13a INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b COUNTY	
on de	Maryland Washington Boonsboro B Rid. 2	
hours or Item 18. Office ol Tand 2 wi	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
224 sin in ris ris ris ris ris	Smith S. Betts Carrie Mae  16a WAS DECEASED EVER IN U.S ARMED FORCES? 16b, SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	Warner
This certificate should be executed with n 24 tote, writing the word "pending" in pencil in be forworded to the Chief Medical Examiner's I be used as a burial-transit permit. File pages or removal, and in any event within 72 hours	(Yes, na, or unknown) (If yes arve war or dates of service)	20.0
J with per Exam File n 72	No. 217-12-1620 Mrs.Mary E. Betts, Rfd. 2 Boonsbo	APPROXIMATE INTERVAL
be executed "pending" in hief Medical Eunsit permit. Fevent within	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY	BETWEER ONSET AND CEATH
xect ding heding perr	303 4 IMMEDIATE CAUSE (a) Pending Acute alcoholism  Due To, OR AS A CONSEQUENCE OF	Indefinite
ee eef A	Conditions, if any, which gave	
ould by vord 're Chil	rise to immediate cause (a). (b)  Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be executed he word "pending" ii to the Chief Medical burial-transit permit.	last.	
g the signal of the signal of the conditional of th	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	<u> </u>
fical ing ing ing os os		
This certifications, writing be forwarded be used as or removal, or removal, or	190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210 EXTERNAL CAUSE WAS  210 TIME OF INJURY Month, Day Year  21c HOW INJURY OCCURRED (Enter pature of minury in Part Ligs Port 2, Item	20 AUTOPSY?
te, follower rem	WAS PERFORMED?	YES NO
# P	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item PRIMARY OR CONTRIBUTING 1	n 18)
ICAL EXAMINER: The execute the certificator. Page 4 should be ad for your files. CTOR: Page 3 should burial, cremotion, or	CAUSE OF DEATH P.M 19	
こと 単一 と 重 と 重		County State
	AT WORK AT WORK	
ICAL E executor. Page for CTOR: burnal,	22a   certify that I taok charge of the remains described obove, held on Autopsy 🔀, inspection 🔲, Inquiry 🔲,	ond in my opinion
oleose estoined director or to built	death resulted from Natural couses 🗓 Accident 🗌 Suicide 🔲 Hamicide 🔲 Undetermined manner 🏖	
Ty Deose y, pleose rationed director to be prior to be	ACTUAL CHIEF MEDICAL EXAMINER C	
Y. P. Y. P. P. T. P. P. T. P.	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 2220 DATE SI	
EPUTY sssary, 1 funeral oy be r NNERAL Ith prid	EXAMINER'S  DEPUTY MEDICAL EXAMINER  1-27-	
TO DEPUTY necessary, the funers 5 may be TO FUNERA Health pr	NAME (Type) Dr. E.W. Ditto, Jr. 215 W. Washing tesh Stern, or Hallerstown	
2 5	REMOVAL (Spenty)	(State)
A D		
VR A15ME DY	John H. Bast. Jr. 112 N. Main St. Boonsboro. Md DATE	0 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH McCAUSLAND 1. DECEASED-NAME Eirst BE YARD 20 DATE OF DEATH
JANUAR YMonth 7 and 2 24 havrs after death ROMA YNE (Type or print) S. DATE OF BIRTH 6/4/1913 IF UNDER I YEAR 3. SEX 4. RACE AGE (In years IE JINDER 24 HRS. WHITE HOURS MALE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARR ED signed by the attending physician and completely filled in burial-transit permit. Then please remave carban papers. burial, crematian, ar remaval, and in any event, within 72 ha COUNTYMARYLAND U.S.A. WIDOWED [7] DIVORCED [ 10. CITY OR TOWN OF DEATH NAME OF HOSPITA. OR INSTITUTION (If not in hospital give steel of drawn OOD LAND WAY 12b, KIND OF BUSINESS OR INDUSTROFT IN G HAGERSTOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before parmoxa 13b COMMYSHINGTON 14. FATHER'S NAME BEYARD CLATRE ALBERT BLAINE 16b. SOCIAL SECURITY NO 214-09-9198 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT MD. MRS. Yes, hip or unknown) [ (If yes give wat or dates of service) APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (r).)
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEAT Coronary occlusion Sudden IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) Arteriosclerotic heart disease. rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burnal-transha≡ld b≡ filed with the State Dept. af Health priar ta burial, crer stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO-21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED Enter nature of injury in Port 1 or Part 2, Item 181 OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Doy Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work \_, 19<u>\_69</u>, ta 22a. I certify that (1) (this boso Kal) attended the deceased fram 1/7 \_, and that in (my) (all Popinian death accurred on the date and haur and fram the saw the deceased alive an\_ causes stated abave, (1) (AN) (did) (MAN) view the bady after death 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR X DEGREE 1/7/69 PHYS 22e. ADDRESS 580 22d. PHYSICIAN'S Howard N. Weeks Northern Ave., Hagerstown, M NAME (Type) 23d LOCATION (City or Town) BALTIMORE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b. DATE (County) (State) MD **CREAR TON** LOUDON PARK CREMATORY 1/10/69 255 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR



u.u.	t	MARYLAND STATE DEPARTMENT OF HEALTH
2		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		01580 CERTIFICATE OF DEATH
4 _ 24		ECEASED-NAME Fist , Middle , / Lost , 20. DATE OF DEATH 26. HOUR
funeral funeral for death	(	Type or print) Tan Ethel Edith Blair Tan 1 1969 9 A.
الم	3 5	EX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER YEAR IF UNDER YEAR)
by the pages four series	1	Female White Fan 3,1894 lost birthday) YRS. MONTHS DAYS HOURS MIN
by by		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
d in pers		Pa h. SA WIDOWED X DIVORCED Washington M
in the second of	10	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, eyen if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, eyen if retired)  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, eyen if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, eyen if retired)
Fig. Will		tager Stown Wishington County House Wife -
by the haspital ar attending physician.  If the death certificate be executed within 24 haurs after death by the haspital ar attending physician ond campletely filled in by the funeral be detached far use as the burial-transit permit. Then please remave carban papers Pages hand 2 state Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 Hours the received.	13o. odm	USUAL RESIDENCE (Where deceased lived, it institut on Residence before 13c CITY OR TOWN, 13d USUAL RESIDENCE (Where deceased lived, it institut on Residence before 13c CITY OR TOWN, 13d USUAL RESIDENCE (Where deceased lived, it institut on Residence before 13c CITY OR TOWN, 13d USUAL RESIDENCE (Where deceased lived, it institut on Residence before 13c CITY OR TOWN, 13d USUAL RESIDENCE (Where deceased lived, it institut on Residence before 13c CITY OR TOWN, 13d USUAL RESIDENCE (Where deceased lived, it institut on Residence before 13c CITY OR TOWN, 13d USUAL RESIDENCE (Where deceased lived, it institut on Residence before 13c CITY OR TOWN, 13d USUAL RESIDENCE (Where deceased lived, it institut on Residence before 13c CITY OR TOWN, 13d USUAL RESIDENCE (Where deceased lived, it institut on Residence before 13c CITY OR TOWN, 13d USUAL RESIDENCE (Where deceased lived, it institut on Residence before 13c CITY OR TOWN, 13d USUAL RESIDENCE (Where deceased lived, it institut on Residence before 13c CITY OR TOWN, 13d USUAL RESIDENCE (Where deceased lived, it institut on Residence before 13c CITY OR TOWN, 13d USUAL RESIDENCE (Where deceased lived, it institut on Residence before 13c CITY OR TOWN, 13d USAN RESIDENCE (Where deceased lived, it is not that the residence of th
execution of the complete of t	14	FATHER'S NAME / First Middle, Lost / 15 MOTHER'S MA DEN NAME First , Middle Lost
be ex n and n and lin an		Thomas Benton Tackson Jennie Lou Anderson
physician physician and i	160	WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO  17 INFORMANT  (es. no. no. or . niknown)   (I) yet give wor or dows of service)   (50.00 or . niknown)   (10.00 or .
phys		112-32-32/ Mrs Dirgey wheather Hagerstown Mil
Par E		18. CAUSE OF DEATH (Enter any one cause per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY
endin endin		IMMEDIATE CAUSE (0) CILLORAL CLASSICA 24 hrs
per dit		DUE TO, OR AS A CONSEQUENCE OF
the sit		Conditions, if ony, which gave rise to immediate course (a).  (b) Drain Mutastastase-from Ca Buast / yr
train.		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
equires that the death ce physician. signed by the attending burial-transit permit. The		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
req g pl e bu		TAKE 2. OTHER SIGNAFICARIT CONDITIONS CONTRIBUTION OF HOT RELATED TO THE PERMITTER SISTEMS OF CONDITION OF HER THE PART (g)
e law retending sheen as the prior to	NOL	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The law re r attending e has been use as the off priar to	CERTIFICATION	YES NO CAUSES OF DEATH?
N: 1 ar ar sur ealt		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
clan oital of tifical d far of He	MEDICAL	Greather, notify medical examiner)  One contributing Cont
OR ATTENDING PHYSICIAN: The law requires that the be retained by the haspital ar attending physician.  DIRECTOR: After this certificate has been signed by the je 3 shauld be detached far use as the burial-transit ped with the State Dept. of Health priar ta burial, cremating	WE	2 d. INJURY OCCURRED While Not while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town County Stote
the this detre		of work of work
by tfter be Stat		220. I certify that (1) (this hospital) attended the deceased fram 1900, to 1900, to 1900, that (1) (we) los saw the deceased alive an 3/000 from the deceased alive an 3/000 from the
R: A		saw the deceased alive an 3/60/201960, and that in (my) (our)-opinion death accurred on the date and hour and from the couses stated above, (I) (we) (did) (did nat) view the bady after death.
OR ATTENDING be retained by the NRECTOR: After i a 3 shauld be de ed with the State		226. SIGNATURE 22c DATE SIGNED
AL OR LY be IT VY be IT OR Sage 3 filed w		Advisor us Degree PHYS DIRECTOR DIRECTOR DIRECTOR 11/169
Page 4 may be retained by the haspital ar  O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. of Healt		122d. PHYS. CIANYS T. D. Wilson M.D. Washington Co. Hosp. Hagerstown
OSP INE	. 22 -	
O HOSPITAL Page 4 may D FUNERAL director, pag	236.	BURIAL CREMATION, 236 DATE 23C NAME OF CEMETERY OR CREMATORY 23d OCCATION (City or Town) (County) (Stote) REMOVAL (Specify) - Jan 4, 1969 Prespect Hill Harrisburg Daughin Co. Pa.
	24	FUNERAL DIRECTOR Q ADDRESS A Harrishurg 250. REGIARY REGISTRAR 255 REGISTRAR S 5 GNATURE
VR A15 (4) 30M REV 1/68	2	George in Hetrick 3125 Walnut St. Pa - DATE AND 1969 June June



		01581		DIVISION	-69a MARYLAN OF VITAL RECORDS	, 301 W. PR	ESTON STRE	ET, BALTIMI	ORE, MAR	YLAND 2120	n ə	157a	
Ī		CEASED-NAME rpe or print)	First No.1	lie	Middle Butle	r	lost Bowers		2a. DATE OF	Jan.	5°y	Ĭ <b>9</b> 69	2b. HOUR
3	. \$E)	Female		4. RACE Wh	ite		S. DATE OF BIRT	1889		6 AGE (In years		IF UNDER 1 YEAR CONTHS DAYS	p'ander 24 Hrs. Phours Min.
1 7	a B auni	RTHPLACE (State or form) W. Va.	preign	U.S		WIDOWED			COUNTY OF Wa.	DEATH Shington	a.		Md
	H	r or town of Deat Regerstown		gı	NAME OF HOSPITAL OR II	omac St	•	during mast	of warking l	(Kind of work d	ane ed)	12b, KIND OF E	BUSINESS OR
0	30. i dmis	ISUAL RESIDENCE (Whesian) STATE Name	ere deceas y <b>lan</b> d	ed lived, if inst 13b. COUNT	itution: Residence before Y Washington	13. (ITY OR 13. (ITY OR	rown 13d	ES NO	<sup>2</sup> 13e. STR 30	eet and numbe	ch S	St.	
7	4. F		ylor	M:ddle	Whittingto	on	MOTHER'S MAID	EN NAME First Be	rthe	Midd	le Wh	nitting	ton
	6a. Y∈	WAS DECEASED EVER ( s, poprunknown)	N U.S. ARA (If yes give v	NED FORCES? or or dates of service)	216-14-6:		. John 1	Whittin	gton	Addre	\$\$		
		18. CAUSE OF DEATH V	VAS CAUSEI	ly ane cause pe ) BY: hTE CAUSE (a)	r line for (a), (b) and (c Cerebr		orrhage					APPROXING BETWEEN ON 6 h	NATE INTERVAL NSET AND DEATH IT S .
ı		Conditions, if any, w		DUE TO, C	R AS A CONSEQUENCE OF Hypert		art. h	eart d	liseas	e		Yrs	P
	-1	rise to immediate c stating the underlyi last.		DUE TO, 0	R AS A CONSEQUENCE OF Diabet	es mel	litus			· · ·		1 у.	r.
	-1	PART 2 OTHER SIGNI	FICANT CON	IDITIONS CONTR	IBUTING TO DEATH BUT I	NOT RELATED TO	THE TERMINAL D	ISEASE OR CON	DITION GIVEN	IN PART 1(a)			
X		19a. DATE OF OPERATIO			WHICH OPERATION WAS P	ERFORMED	20a AUTOPS	Y? NO 🔲		YES, WERE FINDII OF DEATH?	vGS COI	VSIDERED IN CE	RTIFYING
	귛	21g. ACCIDENT WAS  ☐ or contributing ☐ i  (If either, notify med	CAUSE OF DEAT	H HOUR A.	M.	r 19	W INJURY OCCUR		iture of insur	in Part 1 or Po	rt 2, Ite	m 18.)	
		21d INJURY OCCURRI While Not while at wark	FD 21e.	PLACE OF INJUR	AT HOME, FARM, STREET, F. OFFICE BUILDING ETC.	ACTORY.) 21f LO	CATION Street of	ar R.F.D No.	City	or Town		County	State
١	Ī	220. I certify the	ot (I) (th	is hospital) tive on	d) (did not) view the	sed from	that in (my)	(our) opinio	on deoth o	Courred on the	, 19_ <i>C</i> le dote	hot ond hour o	(I) (we) las
		causes stoted obove, (1) (we) (did) (did not) view the body after death.  22b. SIGNATURE  ATTENDING DEGREE PHYS  ATTENDING DIRECTOR PHYS  22c. DATE SIGN PHYS  ATTENDING DIRECTOR DIRECTOR PHYS  ATTENDING DIRECTOR										ATE SIGNED	10
	İ	22d. PHYSICIAN'S NAME (Type)	42	7117	100	-(70)	22e. ADDRE		istie	16.000		27.	<del>V./</del>
2	3a.	BUR AL, (REMATION, PSMOVAL (Specify)	23b. <b>Ja</b> .	DATE n. 8–69		CEMETERY OR				h (City or Town)		(County)	(Stote)
Q					ADDRES			So REC'D BY R	EGISTRAR	2Sb REGIST	RAR'S 5	GNATURE	

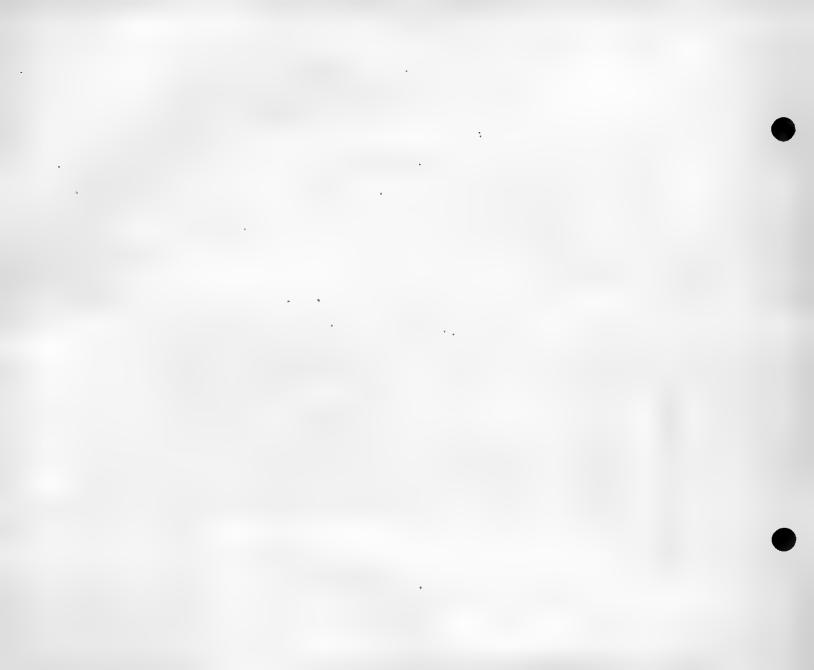


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A STATE OF THE STA		1			DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	31575
C. Marie		•		31582		CERTIFICATE OF DEATH		
	_:	82	Ī	DECEASED NAME First	Middle	Last	2a. DATE OF DEATH	2b, HOUR
	eatl	ond 2		(Type or print) Leah	Viola	Branch	Jan Month 210Y	1969 M
	D _	5 0 0	1 3	SEX	4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
	ıffe	Z 15	ľ		1		last_birthday)	MONTHS DAYS HOURS MIN,
	TS (	[图4]	-  -	Female	Colored	To .		
	noq	2 6		lyntnyl	75 CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MARRIED	9. COUNTY OF DEATH	
	24	illed ii paper hin 72		eaver Creek, N	USA USA	WIDOWED X DIVORCED	Washington	Md.
	E		11	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in haspital 12a. USU	AL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
	vith	pro the	, []	Hagerstown Md	give street address) Washington	County Hosp	ost of working life, even if retired.)  DOM ESTIC	INDUSTRY Private Fam
	9.	e cort	7	o JSJAL RESIDENCE (Where decease	d lived, if institution. Residence before	13c. CITY OR TOWN 13d. INSIDE CITY	IMITS? 13e STREET AND NUMBER	
	- S	completely ove corbon y event, with		Imission) STATE	Weshington	nagerstown YES N	°□ 406 N.Jonatl	nan Street
	×e	32/2/		FATHER'S NAME First	Middle East	IS MOTHERS MAIDEN NAME		Last
	90	signed by the attending physicion and countries the buriol transit permit. Then please reputed buriol, cremotion, or removal, and in any		Marshall	Brook	s Mar	tha	Taylor
	9	sicion please I, ond i	' h	6g. WAS DECEASED EVER IN U.S. ARMI		1	Address	TC:// TO T
	EG.	physicion en please oval, ond		Yes, na, ar unknawn) (If yes give wa	215-20-8		rooks 406 N. Jo	nathan St
	erti	phy nen sova	- 1-					APPROX MATE INTERVAL
	4	e attending permit. The	- 1	18. CAUSE OF DEATH (Enter on y	y ane cause per line far (a), (b), and (c)	0 - 1 - 4-4		BETWEEN ONSET AND GEATH
	601	attendi permit. ion, or r		IMMEDIA	TE CAUSE (a) IYUNTURE	of Basiler Arta	ry Aneury sin	2 1 - 5 -
	9	att peri	- 1	4	DUE TO, OR AS A CONSEQUENCE OF	1 11 4	11.	
	÷	the notion		Conditions, if any, which gave ) ase to immed ate cause (a),	(b) Conzenit	el deformity of	circle of Willia	
	부 H	by ren		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	, ,	•	
	res	ol, o	- 1	last,	(c)			
	an A	signed by the buriol-transit buriol, cremoti		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
	ng ng			Carcinon	id of Peners	25 + Metertes	2 >	
	o ib	ber 5 to }		190. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PI		20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
	he offe	e o d		190. DATE OF OPERATION 196. C		YES NO	CAUSES OF DEATH?	2
	1: T	te t		210. ACCIDENT WAS UNDERLYING	G 216 TIME OF INJURY		er nature of injury in Part 1 or Part 2, 1	-
	A O	Fig.			HOUR A.M. Manth Day Year			
	Spilos	erti Col	- 1	☐ DR CONTRIBUTING ☐ CAUSE OF OEATH  (If either, notify medical examing  21d INJURY OCCURRED 21e.)	er) P.M.	GORY 1 214 ACCATION Street or D.C.D. b.	a. City or Town	Caunty State
	포 a	is c forh		While Mat while Man	OFFICE BUILDING ETC.	CTORY.) 21f. LOCATION Street or R.F.D No	i. City of Idwil	coulty stole
	÷ ÷	te e t	- 1	ai work of wark		16	10 10 10	70 0 00 00
	N A	Sto		22a. I certify that (I) (this	<del>s hospital)</del> attended the deceas	ed fram, 19_ 19_ <del>6 \$</del> , and that in (my) ( <del>our</del> ) ap	62, to Jen 2/, 19	65 , that (I) (we) last
	ENI	he he		causes stated above	(I) (we) (did) (d <del>id not</del> ) view the	bady after death	inian aearn accurrea an rhe aa	te and navr and from the
	fair fair	<b>5</b> 8 4	- 1	22b SIGNATURE	(1) (wa) (did) (did ilos) view ilie	and down	226	DATE SIGNED
	~ e	% × ×		FD. A G	- 11 1	DEGREE PHYS	MED. DIRECTOR   STAFF	169
	0 4	E g	Ł I.	294 SHACILYANG	1700	22e ADDRESS	SIRECTOR — FITS: — 1 87	101
	SPITAL OR ATTENDING PHYSICIAN: The low requires the Amay be retained by the hospitol or oftending physician.	RAI pe	-1	22d. PHYSICIAN'S NAME (Type) / / O	I A MoFF m	2 1 1	stomec st-Heg	erstown, md.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospitol or oftending physician,	director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to	\ <b> </b>	DIDIAL COSMATION   1991 D	ATT DO NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	Page	BE HE	1)	30. BURIAL, CREMATION, 23b. D REMOVAL (Specify) 1-			27	
	2	5 /	<b></b>	BUTIAL II-	-25-1969 Rose	Hill Cemetery	Hagerstown Was	ashington Md.
		VR ATS		TUNERAL DIRECTUR	AUUKCS		0.49 /	enlas Judge
		JUM KRY 1 6	0	John K Wall	ion of Hagusto	un Md. DATE JA	N 2 7 1969 Jan	





1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
FOR STATE		1582 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	71577								
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month	Day Year 2b HOUR								
9 0 0 <u>0</u>	(	(Type or Print)  CATHERINE LILLIAN FROWN DEATH MATED X 1	13 169 5 AM								
delay is and 3 to M3 Page	3 5	lact hurthday MONTAS DAYS MOLDS MIN	2d HOUR								
2, and PM3		MALE WHITE DECEMPER 23, 23 45 YRS	Year 1969 743 M								
- E Q		B RTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH									
Pages Pages ith farr		TRITIA U.S.A. WIDOWED WASHINGTON	Md. 126 KIND OF BUSINESS OR								
Page St.	1	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done 12 during most of working life even if retired )									
after death Grow Pages 1, about farm with the State Deeath.	-	HAJEPSTOWN  give street address]  LOO N. POTOMAC STREET  USUAL RESIDENCE (Where deceased lived, if institut an Residence before) 13c. CITY OR TOWN  13d Missiber CITY L Mail S.  13e STREET AND NUMBER	CMI HOME								
D 00 0 # ≥ 0 /	0	Odmission) STATE MAI YLAND 136. COUNTY WASHIN TON HAJERSTOWN YES X NO 100 N. POTOL	AAC ST.								
in Item I rs office ss land2	_		MAY S lost								
rs of irs		RALPH MOYER LEONA									
hin 24 ncil in nuner s pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, or unknown) (If yes give wer or dates of service)  17 INFORMANT ADDRESS									
wrthin n pencil Examine File page	,,	MRS RALPH MOYER HAGERSTOWN, MARY									
kuted withing in perdical Examitation		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
executed nding in Medical permit.		IMMEDIATE CAUSE (a) Acute Ling Abscess Ht. Middle Lobe	Recent								
be exemple in the period of th		DUE TO, OR AS A CONSEQUENCE OF  Conditions, fany, which gave									
Transport		to a numediate cause (a).  I staling the underlying cause (b).  Staling the underlying cause (b).  DUE TO, OR AS A CONSEQUENCE OF									
should be en ward in the Chief I burial-transit in any ever		lost.									
This certificate should be executed within 24 icate, writing the ward 'pending' in pencil in be farwarded to the Chief Medical Examiners abe used as a burial-transit permit. File pages or remayal, and in any event within 72 hours		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)									
fica ting prdec as al, a	2										
This certificate strates, writing the be farwarded to do be used as a bar remaval, and	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AJTOPSY?								
MINER: This the cartificate, 4 shauld be far files.  e 3 shauld be ue 3 shauld be ue matian, ar ten	ERTIFI		YES NO								
#		PRIMARY TOR CONTRIBUTING HOUR A.M	m 10 )								
INER: ne certifi shauld   files. 3 shauld natian, a	MEDICAL	CAUSE OF DEATH P.M. 19 21d NJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCAT ON Street or R.F.D. No (ity or Town)	County State								
EXAMINER: ute the certings 4 should your files. Page 3 shou		WHILE NOT WHILE factory, affice building, etc.)									
Pa Cal		220. I certify that I took charge of the remains described above, held an Autapsy 🔀, Inspection 🗍, Inquiry 🗍	, and in my apinton								
JICAL EXPENDING TO PORT OF THE PORT OF T		death resulted from: Natural causes . Accident ., Suicide ., Homicide . Undetermined manner [									
please please retained retained iar to by		CHIEF MEDICAL EXAMINER									
A A A		SIGNATURE MD ASS STANT MEDICAL EXAMINER 22b DATES									
ssar fune fune NER th		EXAMINEKS	3/69								
TO DEPUTY SICA necessary, please extine funeral director. 5 may be retained to FUNERAL DIRECTO Health prior to bur	230		(County) (State)								
2 2 -	130	REMOVAL (Specify) FURTAL 1/15/69 ROSE HILL CEMETERY HAGERSTOWN, WASH	, , ,								
	24	FUNKRAL DIRECTOR ADDRESS 250 REC'D BY REG STRAR 250 REGISTRAR S S									
VR A15ME (5)	(	Kailes on Rougen HAJEISTONN, MARYLAND DATE JAN 16 1989 William	vla Judge								
N/A			1/ 1,								



1		1580	DIVISION OF VITAL RECO		STATE DEPARTME OI W. PRESTON STRE			RYLAND 21201	S. T. E. S.	
•	]	tem#7b. FilmGl	109 1/31/69 km	CE	RTIFICATE OF D	DEATH			7:578	,
£ _2.4	1 DI	CEASED NAME Fast			Lost		2a. DATE OF			2b. HOUR
deoth ond 2 deoth	"	ype or print) ALMEN	INDA TRINI	DADE	CAMARA		JANUAT	EY Month 18 Day	69 Year	4:20 M
offer ne fur	3. SE	X	4. RACE		S. DATE OF BIRT	TH		6. AGE (In years	IF UNDER I YEAR MONTHS I DAYS	IF JNDER 24 HRS. HOURS MIN.
s of the safe		FEMALE	WHITE		JUNE 1	1, 1921	4	last birthday) 444 YRS.	MONTHS DAYS	HIN.
hours after deoth n by the funeral re-Pages, fond 2 hours, after deoth	70. E	BIRTHPLACE (State or Foreign htry)	7b. CITIZEN OF WHAT COUNTRY?	8	MARRIED 📉 NEVER MARRI	IED 9	COUNTY OF	DEATH		
A de di	_	PORTUBAL	Portugal		WIDOWED DIVORC	ED 🗍	WASHIN	VITON		Md
Skirin 71	ŀ	HAGE STOWN	11, NAME OF HOSPITA  give street godress)		TUTION (If not in hospital DUNTY HOSP.			(Kind of work done life, even if retired)	126 KIND OF E	
	13a.	JSUAL RESIDENCE (Where decea	sed lived, if institution Residence			INSIDE CITY LIM	1157 13e. STI	REET AND NUMBER	OWIN TIC	1.10
cate be executer sician and competing please remaye conf.	odmi	ssion) STATE MARYLANI	D WASHINGTO	ON I	HAGERSTOWN	YES NO		6 GEORGE	STREET	
e execut ond com remove in ony ev	14. (	ATHER'S NAME First	M.ddle	LOST	IS. MOTHER'S MAIL	DEN NAME Fir		Middle		lost
e or		FRANCISCO	de PONTE PI	ANCO		CONE	ECAO	3	BRILHANT	E
ertificate be physician c ren please rovol, and in	16a.	WAS DECEASED EVER IN JS ARI	MED FORCES? 16b. SOCIAL SEG	URITY NO	17 INFORMANT			616 Address G	EOT JE SI	KEET
rtific shys		NO NO	10.0.00.00.00.00.00.00.00.00.00.00.00.00		JOAO CAM	IRA		HAUERSTO		LAND
te deoth cer ottening p permit. The		18. CAUSE OF DEATH (Enter or	nly ane cause per line for (a) (b)	(c).)	1. Follup	Y_			APPROXIM BETWEEN ON	ATE INTERVAL SPT AND DEATH
ottenili permit.		PART I. DEATH WAS CAUSE IMMEDI	ATE CAUSE (o)		7,100				1 7/	NI J
office d		4122	DUE TO, OR AS A CONSEQUE	15-96	1011/1 1/15	111-01	3.14/	14 A181	100 100	Maria
the the sit g		Conditions, if any, which gove rise to immediate cause (a),	(b) 11/20	1	o give eggi	0110	10000	1 01114	e iva	curo
The low requires that the death certificate be executable offending physician. This bear signed by the offending physician and comes as the buriot-transit permit. Then please remove the prior ta buriot, cremation, or removal, and in any executable.		stating the underlying cause last.	DUE TO, OR AS THE NISECUE	of to Je	THE THE	UMOX	VIA		1d.	14
requir g phy sign buria		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMINAL	DISEASE OR CO	INDITION GIVEN	N IN PART 1(o)		1
e tow re tending is been as the prior ta	I ON	19g. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION	WAS PERF	ORMED 20g AUTOPS	SY?	20b. IF	YES, WERE FINDINGS O	ONSIDERED IN CE	RTIFYING
AN: The low re tale and an other icate has been for use as the Health prior tale	CERTIFICAT ON				YES P	NO 🗔		OF DEATH?		
and		21g ACCIDENT WAS UNDERLY!			21c HOW INJURY OCCU	RRED (Enter	nature of injur	y in Part 1 or Part 2,	Item 18.)	
YSICIAN: lospital ar certificate ched far ur	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ner) P.M	19						
ing PHYSICIAN: by the nospital ar fler this certificals be defacted for the	WE	21d INJURY OCCURRED 21e.	PLACE OF INJURY ( AT HOME FARM, S	REET, FACTO	RY.) 21f LOCATION Street	ar R.F.D. No.	City	ar Town	County	State
NG PHYS  y the hos er this ce e detache ote Dept.		While Not while at work		.,,,,	1 13		-1	1.18	1.0	
rending the first		22a. l certify that (I) (由	is(hoxpital) attended the d	eceased	trom	, 19.40	7, to_	, 19	7, that	(I) (we) last
R. A		saw the deceased of	e, (I) (we) (did) (did not) vie	withe h	and that in (my)	) Koht I obiu	libn deoth c	occurred on the do	ote and hour o	nd from the
ATT ATT OFFICE SHOOT SHOUT SHOOT SHOT SH		22b. SIGNATURE	1 / / / / / / / /					220	DATE SIGNED	
OR ATTENDING PHYSICIAN be retained by the hospital DIRECTOR: After this certifica ge 3 should be detached far led with the Stote Dept. of He		With	mychai miz		DEGREE PHYS	ME DIF	ED. RECTOR	STAFF PHYS	1/18/69	
	L	22d PHYSICIAN'S	/		22e ADDRI					
4 m 4 m d bed bed bed		NAME (Type) E. R.	MAPDIZABAL, M.I	).	300 N	I. POT	OMAC ST	HAJE S	TOWN, ME	
TO HOSPITAL OF Page 4 moy be TO FUNERAL DIR director, page 3	230.		DATE 23c NA	ME OF CE	METERY OR CREMATORY		23d LOCATIO	IN (City or Town)	(County)	(State)
22 2 7 ()		REMOVAL (Specify)		SE H	CLL CEMETERY		HAGERS			MB.
VR AVERA	24	FUNERAL DIRECTOR		DDRESS	344 0 377 4 3770	TAN 2	7 <sup>EGIST</sup> 1969	25h REGISTRAR'S	SIGNATURE	
30M REV MSE		Lucis In Laus	HA ERST	· VIV	MARYLAND	DATE	1000	/		



_	1			D STATE DEPARTMENT OF									
1		01586	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA CERTIFICATE OF DEATH		01579							
~ 교	1 D	ECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	l 2b. HOUR							
ond 2 deoth.	(1	Type or print)  Sen	nie Elizabe	th Cauffman	January Po								
ter	3 \$1		4 RACE	S DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR   IF UNDER 24 HRS							
		. Jemale	White	February 1	7. 1890   last birthday) YRS.	MONTHS CIAYS HOURS MIN							
	70.	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MARRIED	9 COUNTY OF DEATH								
	13	ongor, Penna.  CHY OR TOWN OF DEATH	USA	WIDOWED DIVORCED	Washington	Md							
, 1	] 10. C		a ve street andress)	TITUTION (if not in hospital 12a b	SJAL OCCUPATION (Kind of work done most of working life, even if retired) Jousewife	126 KIND OF BUSINESS OR INDUSTRY.							
1 1	130	Magerstown US. At RESIDENCE (Where decens	Washington C	O./OSPATAL 13d INSIDE CO		Own home							
7/	odm	issian) STATE Caruland	136 COUNTY. Washington	Hagerstown YES	NO 77 Nottinghe	am Rd.							
1	-	FATHER'S NAME First	Midd e Lost	IS. MOTHER'S MAIDEN NAM		Last							
4		Owen	Henry Naugl	e Em	ma nnn	Pine							
		WAS DECEASED EVER IN U.S. ARM			Address /	Jagerstown, Md.							
		(es, na, or pinkhown) (1 yes give w	217-28-62	54 Charles R.Can	ffman 1404 Shermar	1 Hue.							
		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI	y one cause per line for (o) (b), and (c).	1 D 77		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH							
			ATE (AUSE (0) Acute	Pancrea Til									
		Canditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF										
77		nse to immediate couse (a), (	(b) DUE TO, OR AS A CONSEQUENCE OF										
		stating the underlying cause last.	(c)										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
	×	Worn	d infection	(clostvidenh	- weldril								
0	S	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE EMPINOS CONSIDERED IN CERTIFY YES NO CAUSES OF DEATH?  210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 1216 HOW INJURY OCCURRED (Following in Port 2 Herry 18)											
L.	RIFI	1-10-69		YES NO									
	SEC	21 a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAJSE OF DEAT	H HOUR A.M. Month Day Year	21c HOW INJURY OCCURRED (E	nter nature of injury in Port 1 or Port 2,	Item 18)							
	WEDI(	(If e'ther, notify medical examination of the communication of the commu			No. City or Town	County State							
		While Not while of work	PLACE OF INJURY (AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC	211 LOCATION SHEET OF KT 9.	No. City of IGWI	COUNTY STOLE							
			is hospital) ottended the decease	ed from/_ 15	67, to Jan 18, 19	65 . that (I) (we) los							
		sow the deceased a	is hospital) oftended the decease	969 and that in (my) (our)	pinion death occurred on the d	ote and hour and from the							
		22b. SIGNATURE	e, (1) (we) (did not) view the	body offer death	02.	DATE SIGNED							
		March 1	11.1.11	DEGREE PHYS	MED STAFF DIRECTOR PHYS	DATE SIGNED							
		22d PHYSIC ANS NAME (Type) Char	The Spanner W	22a ADDDECC									
1		NAME (Type) Char			Prospect St. Hag	. Md.							
1	23α			CEMETERY OR CREMATORY	23d LOCATION (C'ty or Town)	(County) (State)							
8	0.1	REMOVAL (Specify)		Haven Cemetery	Hagerstown-Wash								
W	24.	Rest Haven Jun	eral Chapel Hager	stown, Md. DATE	BYSEGSTRAS69 256 ACCOUNTY	ENG MANAGE							
107		resa raven Jun	ence traper nager	SUCOWIL THE DAIL		W.							



1	1		DIVISION	MAK OF VITAL RECO			KRIMENI UF J STOFFT RAIT		LAPYLAN	ND 21201				
STATE		1158	, 511151011				RTIFICATE			ID TITAL		1	30	
TH DEPT.	1 0	ECEASED NAME	First	IIIEDICAI	M-ddle	LIC D CI	Lost	OI DEF		DATE KNO	)WN Mor	th Day	Yeor 2	b HOUR
Mar. Page	(	Type or Print)	Raym	ond	Fred		Chaney			OF ES	TI- TED 🔲 Ja	n 24.	1969	2:40
ent af	3 SI		4 RACE	S DATE OF BIRTH	6 4	AGE ( n years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24	HRS. 2c	. DATE PRON	IOUNCED DEAD		2	d HOUR
1		Male	White	0ct. 5,		24 YRS				Morth .		1 98	59 2:4	OA M
SVI		BIRTHPLACE (State		U. S. A			RRIED NEVER MA			Y OF DEATH				
		ITY OR TOWN OF					OWED DIVO	DRCED X		ashing	d of work dor	10 2160	D OF BUSINE	Md.
	1	Hagersto		give stree	t oddress)	abin	gton Co	during n	most of w	orking I fe, i	a at wark dar even if refired	ie izd kini industri	raing	22 OK
€19				Hosp I first turion	Res dence befo	re 13c. C TY	OR TOWN 13	Id INSIDE CTY LIN	MUTS? 13	e STREET AN	ID NUMBER	2 4.2	warie	
offer death.		hary'r allu		Washingt		1	dysville	YES   NO		Rfd. 1				
5 2	14 F	ATHER'S NAME	First	Middle	Los	i i	15 MOTHER'S MAII	DEN NAME	First		Middle		LOST	
. 1			Raymond		Chan				Beti	tie		Tt	urner	
	16a ' (Y	WAS DECEASED EVE es_na, ar unknawi NO •	RINUS ARMED FO	a needladees and even and all	SOCAL SECURITY		7 INFORMANT				ADDRESS			
72					9-44-47		Mrs. Bett	tie Ch	aney	Rrd.	1, Ke		PPROX MATE NO	Md.
ıthin 72		18 CAUSE OF PART I DE	ATH WAS PALICED.	one couse per line fi			af sha	- I				BETY	udden	D DEATH
<b>≯</b>		965 X	immediati	CAUSE (o) GUI	A CONSEQUENCE		_or_cne	St.				31	Jagen	
burial-transit permit file I 'n any event within 72		Canditions, if a	iy, which gove	(b)	n consequence	OI .								
II-Tro		rise to immedi- stating the unc	ate cause (o), { lerlying cause (		A CONSEQUENCE	OF								
		last	)	(c)										
burial, crematian, ar remaval, and		PART 2 OTHER S	GNIFICANT CONDITI	ONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED	TO THE TERMINAL D	ISEASE OR CO	NOITION (	GIVEN IN PAR	RT 1(a)			
VOT.	NO	19a DATE OF OF	EDATION	1106	CONDITION FOR	WUIZU ORE	DATION					Tan	AUTOPSY?	
E I	FCAT	170 DALE OF OF	TRALIUN	170	WAS PERFORME		KAHUN					20		NO 🖂
- 1	CERTIF CAT ON	210 EXTERNAL C	AUSE WAS	216 TIME OF INJU	RY Month, Doy, Y	eor 2	Ic. HOW INJURY OC	CURRED (Ente	er nature o	of injury in F	Port 1 or Part	2. Item 18 1	10 10	
an,	MEDICAL	PRIMARY TO REATH	CONTRIBUTING		15		Shot by						2 cal	libe:
	MED	21d INBURY OCC	RRED 21e PL	ACE OF INJURY (At he	ame, form, street		HI (OATION Street			City or To		County		Stote
		WHILE NO AT WORK AT	work XWes	ry office building, et <b>b Side</b> <i>£</i>	ici Ave.					Hagei	cstewi	ı Wasl	h.	Md.
				k charge af the s						ctian 🔲,	Inquiry	, ar	nd in my	apinian
		death res	ulted from	Natural causes	, Accide	ent 🔲,	Suicide,	Hamicide		Undetern	nined mann	ier 🗌		
<u> </u>		ACTUAL	1/4	VI VIA	111.	0		EF MEDICAL EX			001 8			
		SIGNATURE		evana n	- Miox	N. P		ISTANT MEDICAL				ATE SIGNED $1/25/6$	69	
4		EXAMINER'S NAME (Type)	Howar	d N. Wee	eks, M.	D.		OFF SS (Street of				ningto		
Health prior to buriol, crem	23a.	BUR AL CREMAT	ON, 23b D	ATE	23c NAME C	OF CEMETERY					r ar Tawn)	(County)	(State	e)
		REMOVAL (Specific Burial		27- 69			Cemetery			onsbo		Jash. C		
Sn_ C		FUNERAL DIRECTO		440 -	* 10	RESS		2So RECD	BY REGIST	RAR 969	25b REDISTRA	R S. SVENATUR	udge	
OK	90	mn H. B	ast, Jr.	112 N. M	ain St.	Boon	sbore, Mo	DATE	ω ()	1000	77	- 0	77	
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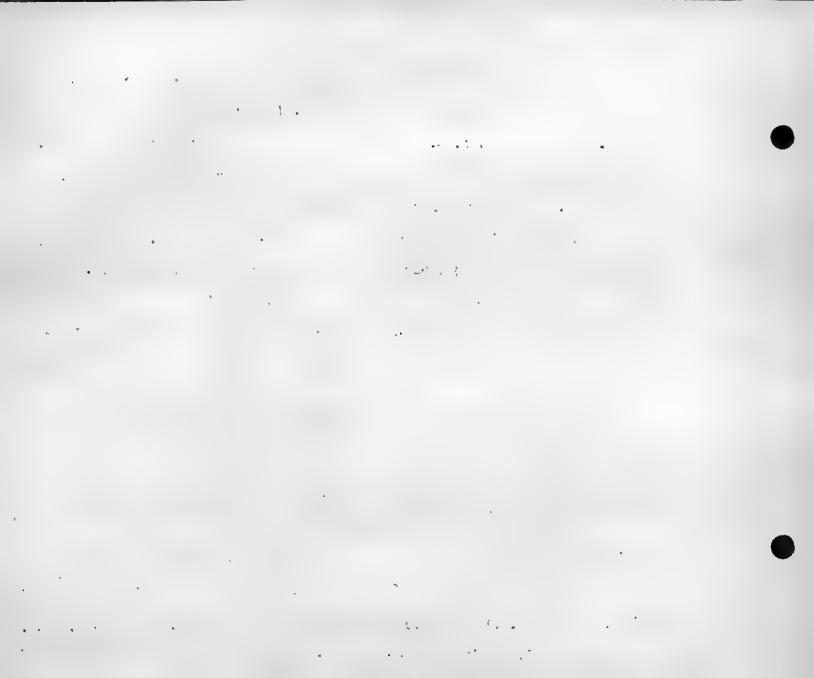
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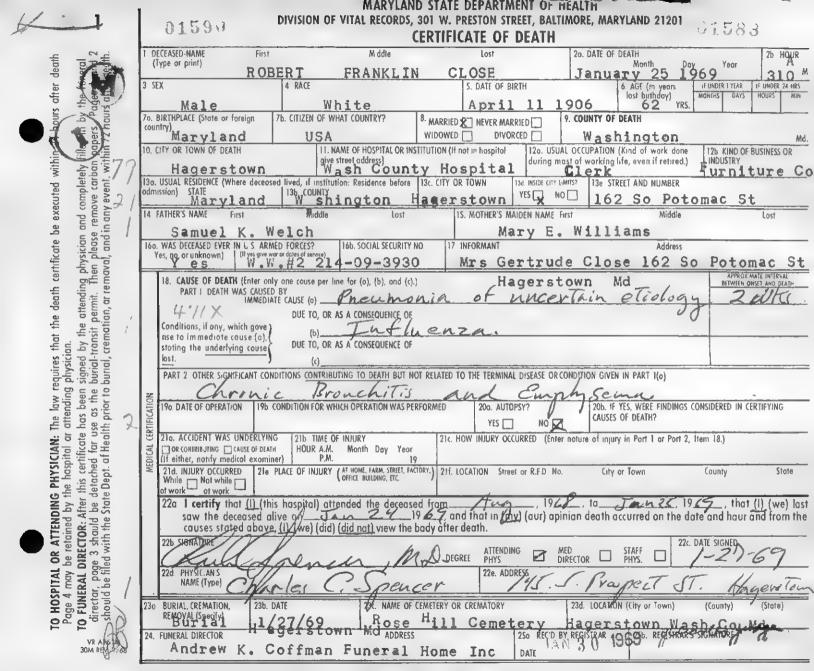
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH								1201	01581		
		CEASED-NAME First		Middle		Last		2a. DATE	OF DEATH		м	2b. HOUR	
	(1	ype or pant) NORR]	S	BLANTON		CLARK		JAN	UAFCY Manth	31 Doy	69 Year	3 p	
	3. SE	X	4 RACE			S. DATE OF B			6. AGE (In lost birthe	years	IF UNOER I YEAR MONTHS DAYS	IF UNDER 24 HR	
		MALE	WH	ITE		OCTOR	ET 29,	1909	59	YRS.	MONIII3 DATA	Trooks Min	
	7o E	IRTHPLACE (State or foreign	7b. CITIZEN OF WI	AT COUNTRY?	8. MARRIED	NEVER MAR			OF DEATH			-	
		"IR INIA	U.S.		WIDOWED [	-	RCED 🔼		NOT NIH				
6.7	10. C	ITY OR TOWN OF DEATH	11. Na	AME OF HOSPITAL OR INS		•			ION (Kind of wi		126, KIND OF I	JUSINESS OR	
		HAGERSTOWN			YTMUO				Inglife even if		HARDW	OOD	
Н	13o. admi	LSUAL RESIDENCE (Where deced	ised lived, if institut _   136 COUNTY	ion. Residence before	13c. CITY OR		134 INSIDE CITY I	LIMITS? 13e	STREET AND NU		73		
,		ssian) STATE MARYLANI		ASHINGTON	HAJER		77.		141SUr1		· E.		
	14, F	ATHER'S NAME First	Middle	last		. MOTHERS M				Middle	LITT V	Last INSON	
		OCTA'TOUS		CLA?		NFORMANT	AIV	NIE		J	MITTU	TNOON	
	IDQ.	WAS DECEASED EVER IN U.S. AR es, go, or unknown)   (Tyes give	war or dates of service)	220-09-9]			TADE		WILLIAM	Address	MA VI	A NITO	
		NO				MARD C	ALALA		WITTITH	DFCRI		ATE INTERVAL	
		18 CAUSE OF DEATH (Enter of	nly ane couse per lie	1 a dimen-11.	FY	W.F.	_					RSET AND DEATH	
		PART 1. DEATH WAS CAUS	IATE CAUSE (o)	locker-lay,	rece	www	7				15	m'	
		Canditions, if any, which gove		AS A CONSEQUENCE OF	-1	1. +-	9-17	O.A.	Heart 1	RIL	1	le.	
		rise to immediate cause (o),	(D)Z	4, -76 Cas Cu	1 cost	Receiry	- 10	morecell	read 1	yes.	+ -	7	
		but 10, OR AS A KONSEQUENCE OF A CONSEQUENCE OF A CONSEQU											
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBI	I NG TO DEATH BUT N	OT RELATED TO	THE TERMINA	I DISEASE OR	CONDITION C	GIVEN IN PART 1	a)			
		Change	A - L	1 9- 1		slun	E DIJENJE OK	7	SIVEN III PAKI (	0)			
	CERTIFICATION	190 DATE OF OPERATION 196	. CONDITION FOR WH	ICH OPERATION WAS PE		20a. AUTO	PSY?	201	b. IF YES, WERE I	FINDINGS CO	ONSIDERED IN CE	RTIFYING	
1	IFICA					YES 🕡	NO [	CA	USES OF DEATH?				
		210 ACCIDENT WAS UNDERLY	NG 215. TIME O			W INJURY OC			injury in Port 1	or Part 2, I	tem 1B.j		
	MEDICAL	or contributing cause of de.	HOUR A.M.	Month Day Year									
	MED	21d IN IDV OCCUPPED 214	. PLACE OF INJURY	AT HOME FARM, STREET, FAI OFFICE BUILDING, ETC.		CATION Street	et or R.F.D. No	0.	City or Tawn		County	State	
		While Nat while at work		COFFICE BUILDING, ETC.									
		22a. I certify that (1) At	rus Nospital) ott	ended the deceas	ed from		, 19_	, to_		, 19_	, that	(1) (Avá) I	
1	'	snw the deceased	alive on		19. and	thot in (m	ıy) (ἀὑλ) op	onian dea	th occurred a	in the da	te and hour (	and from t	
2		causes stated above	re, (1) (W9) (ala)	(did not) view the	body affer a	leain.				720 1	DATE SIGNED	<del></del>	
		V A A PAS	10.	K. J. C	DEGR	EE PHYS.	NG 🙀	MED DIRECTOR	STAFF C	7 ' ' '	2/1/69		
		22d. PHYSICIAN S	10	1 rejeron	- Decon	22e ADI		DIRECTOR			-1107		
			LIAM O BE	XRODE, M.I	0.			DSPECT	ST., H	AJERS	TOWN, I	D	
	230		DATE	23c NAME OF		CREMATORY		23d LOC	CATION (City or T	own)	(Caunty)	(State)	
	]	Actionism to C.	2/3/69		HAVEN		Y		RSTOWN.			, ,	
DK	24	FUNERAL DIRECTOR	~   /   /	ADDRESS		W. C. L.	250 RECD				SIGNALIRE		
1)(	1	Parla M Knews	- HA	GERSTOWN.	MARYL	ND	DATE	4 19	00	13. y C.D.	00		

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



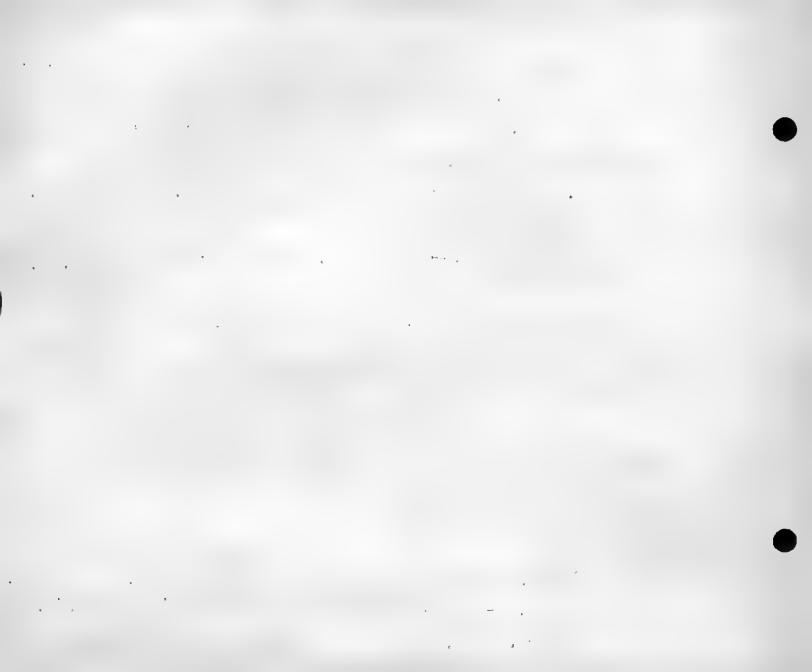




1	MARTLAND STATE DEPARTMENT OF HEALTH  3159 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
at from	CERTIFICATE OF DEATH 01584						
± -2±	1 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b HOUR						
death and death	(Type or print) William Clinton Coss Januar Month 31, Don 196 geor						
	3 SEX  Market S Date of Birth  Male white S Date of Birth  August 26, 1918   6. AGE (In yeors   If UNDER 1 YEAR   If UNDER 24 HR						
ours ours	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARQUES FT WARREN TO COUNTRY OF DEATH						
24 hor ged in the safers.	Maryland USA WIDOWED DIVORCED Washington						
	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address) Co. Hospital  120 USUA. OCCUPATION (Kind of work done during most of working life, even if retired)  12b Kind of Business OR during most of working life, even if retired)  12c USUA. OCCUPATION (Kind of work done during most of working life, even if retired)  13c USUA. OCCUPATION (Kind of work done during most of working life, even if retired)  13c USUA. OCCUPATION (Kind of work done during most of working life, even if retired)						
completed y evert	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c (ITY OR TOWN 3d INSIDE CITY JUNITS? 13e STREET AND NUMBER admission) STATE Md. 13b Washington Hagerstown YES NO 847 Rolling Road						
be execut and com e remove	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Lost Margaurite Trovinger						
ortificate b physician en please oval, and i	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown] (II yes give wor or dates of service) 214-09-2477 Mrs. Josephing Coss, Hagerstown, Md.						
The law requires that the death a attending physician is hos been signed by the attending ise as the burial-transit permit. The purial areastion, or rem	18 CAUSE OF DEATH (Enter only one couse per line to (a), (b) and (c))  PART I. DEATH WAS CAUSED BY-  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o). Storing the underlying couse  (c)  DUE TO, OR AS A CONSEQUENCE OF  LOST  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUT NG TO DEATH BUT NOT RELATED TO THE TRAININAL D. SEASE OR CONDIT ON GIVEN IN PART I(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUT NG TO DEATH BUT NOT RELATED TO THE TRAININAL D. SEASE OR CONDIT ON GIVEN IN PART I(o)  PART 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUT NG TO DEATH BUT NOT RELATED TO THE TRAININAL D. SEASE OR CONDIT ON GIVEN IN PART I(o)  PART 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUT NG TO DEATH BUT NOT RELATED TO THE TRAININAL D. SEASE OR CONDIT ON GIVEN IN PART I(o)  PART 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUT NG TO DEATH BUT NOT RELATED TO THE TRAININAL D. SEASE OR CONDIT ON GIVEN IN PART I(o)  PART 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUT NG TO DEATH BUT NOT RELATED TO THE TRAININAL D. SEASE OR CONDIT ON GIVEN IN PART I(o)  PART 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUT ON THE TRAINING COLUMN OF THE TRAINING CAUSES OF DEATH?  PART 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTE OR WHICH OPERATION WAS PERFORMED  200. ALTOPSY?  YES NO  CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING  [1] OR CONTRIBUTION OF THE TRAINING COLUMN OF THE TRAINING COL						
TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospitol or at TO FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use shauld be filed with the State Dept of Health	While Not while of work 22a, I certify that (I) (this haspital) extended the deceased from 19 f, and that in (my) (our) opinion death occurred on the date and haur and from the goldes stated above, (I) (we) (did) (dur to) view the back after death:    22a   Physicians   22a address   22a address						
VR A15 7 69	24 FUNERA. DIRECTOR Minnich Funeral Home, Hagerstown, Md. 250 BECD BY REGISTRAR S SCHATUPE DATE B 4 1969						



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
FOR STATE	01590 MEDICAL EXAMINER'S CERTIFICATE OF DEATH								
HEALTH DEPT.	ECEASED NAME First Middle ast 2a DATE KNOWN Month Day Year 2b (year Print)	HOUR							
d 3 to	Raiph ari Cottrill Death Mated - / G 1967 5	RM							
d C S	Tale White Dec. 23 1919 49 MONTHS DATS HOURS MAN Marth Day Year 19 (4)	HOUR 31							
s 1, 2, orm Form Pepo	BIRTHPLACE (State or foreign   75 CITIZEN OF WHAT COUNTRY?   B. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   Washington   Washington	Md							
ofter deoth 8. Give Pages along with for with the State	IT NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working I fe, even if retired)  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working I fe, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working I fe, even if retired)  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working I fe, even if retired)	OR							
And the source of the death any stell in Item 18. Give Pages 1, 2, on the state of	tissual Residence (Where deceased ved, f institut an Residence before 13c CITY OR TOWN 3d INSIDE CITY . MITS? 13e STREET AND NUMBER 13b COUNTY Washington Williamsport VES No Conococheague St.								
hours litem 18 Office 1 ond 2	ATHERS NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost								
	Clarence Cottrill Myrtle Kelly								
	WAS DECEASED EVER IN U.S. ARMED FORCES?  16s. SOCIAL SECUR TY NO 17 INFORMANT  ADDRESS N. Conocoche 17 INFORMANT  ADDRESS N. Conocoche 17 INFORMANT  APPROXIMATE MILEY  APPROXIMATE MILEY  APPROXIMATE MILEY  APPROXIMATE MILEY  APPROXIMATE MILEY								
offed v cal Ex nit. Fil	18 CAUSE OF DEATH (Enter only one cause per line tar (p), (b), and (c))								
xecu nding Medi Medi perr	MAMEDIATE CAUSE (a) CONSEQUENCE OF								
should be executed he ward "pending" i to the Chief Medical burial-tronsit permit.	(and hons, if any, which gave) a Citicuran a Athere releases + anseries 20								
ord ord e Ch e Ch	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF								
sho ne w o th burid	(a) artenwsclaren								
TY SICAL EXAMINER: This certificate should be executed writy, please execute the certificate, writing the ward "pending" in parall director. Page 4 should be forwarded to the Chief Medical Example retained far your files.  *AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pring to burial, cremation, or removal, and in any event within 72.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)  Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)  Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)  Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)  Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)								
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nis conte, se for rem	WAS PERFORMED?  YES - NO								
t: Triffica alld bould bould or or or or	216 TIME OF INJURY Man'n, Day, Year PRIMARY OR CONTRIBUTING HOUR A M. 216 HOW A.JRY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)								
INER: e cert shoul files. 3 shou		itate							
SICAL EXAMINER: se execute the certi extor. Page 4 should med far your files. RECTOR: Page 3 shou burio!, cremation,	WHILE ONT WHILE factory, affice building, etc.)								
L EXA xecute Poge far you DR:Pag	22a. I certify that I took charge of the remains described above, held an Autopsy 🖳 Inspection 🔲, Inquiry 🔲, and in my ap	inion							
etained DIRECTO	deoth resulted fram: Natural couses 🖳 Accident 🔲 Suicide 🔲 Hamicide 🔲 Undetermined manner 🗍								
deoth resulted fram: Natural couses . Accident . Suicide . Hamicide . Undetermined manner  CHIEF MEDICAL EXAMINER . 22b DAY  ACTUAL SIGNATURE . SUICIDE . M.D. ASS STANT MED CAL EXAMINER . 22b DAY  DEPUTY MEDICAL EXAMINER									
	SIGNATURE CILICAL (A) TEL MD ASS STANT MED CAL EXAMINER 226 DATE SIGNED  EXAMINER'S 22  DEPUTY MED CAL EXAMINER 2  7-69								
necessory, please execute the the funeral director. Page 4 S may be retained far your to FUNERAL DIRECTOR: Page Health prior to burio!, crem	NAME (Type) Edward W. Ditto, 111, MD ADDRESS(Street, city, town, or county) 217 W. Washington	St.							
0 g # 2 0 #	Burial (Remation, Page 1) 236 Date Jan. 9 -69   236 NAME OF CEMETERY OR CREMATORY Near Clearspring Wash. 126.								
NO 12515 15 ( ) (	FUNERAL DIRECTOR ADDRESS 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
VR A15ME (5) 10M REV 1768	lbert L. Leaf Williamsport, Md. MAN 10 1969 Williamsport, Md.								





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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01588 31590 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost First 2o. DATE OF DEATH Middle 2b. HOUR ve carbon papers. Pages 1 and exent-within 72 hours after death (Type or print) Month 1969 Esta Missouri Delanter January 5. DATE OF BIRTH uires that the death certificate be executed within 24 hours after 3. SEX 4. RACE 6. AGE (In veors SE DIMOER 1 YEAR filled in by the to last birthday) MONTHS DAYS March 19, 1881 Female YRS. 7o. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED Grederick Co.Md. Washington WIDOWED IX DIVORCED [ 12a, USUAL OCCUPATION (Kind of work done IG. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give\_street oddress) during most of working life, even if retired.) INDUSTRY Hagerstown Housewite 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER 13c CITY OF TOWN 13d INSIDE CITY LIMITS? Sign) STATE Route # 3 YES [ NO X Hagerstown of H∎olth prior to burial, cre≡ation, ar re≡oval, and in any 14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle puo please rem Nathan Stottlenuer Manzelle Forrest 16b. SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes no, ar unknown) [If yes give wor or dates of service] 218-34-343013 Hagerstown, ad 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN DISET AND DEATH signed by the attendir burial-transit permit. Conditions, if any, which gave) Constitution rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last PART 2 OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) windu echeason has been use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATHS MG X YES I TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) fa HOUR A.M Month Day Year OR CONTRIBUTING CAUSE OF CEATH TENDING PHYSICIA (If either, notify medical exominer) P.M detached directar, page 3 shauld be detache should be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION 21d. INJURY OCCURRED Street or R.F.O. No. City or Town State County While | Nat while | at work 22a. I certify that (1) (this hospital) evended the deceased from 1967, and that in (m 19.6 /, to \_\_ 19 67, and that in (my) (out) apinion death accurred on the date and hour and from the Page 4 may be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE STAFF DEGREE PHYS PHYS 22d PHYSICIAN S 22e ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b. DATE (County) (State) REMOVAL (Specify) Hagerstown-Washington-Md Rest Haven Cemetery 24. FUNERAL DIRECTOR VR A15 30M REV Rest Haven Funeral Chapel Hagerstown. Md DATE



MAKYLAND STATE DEPAKIMENT OF HEALTH

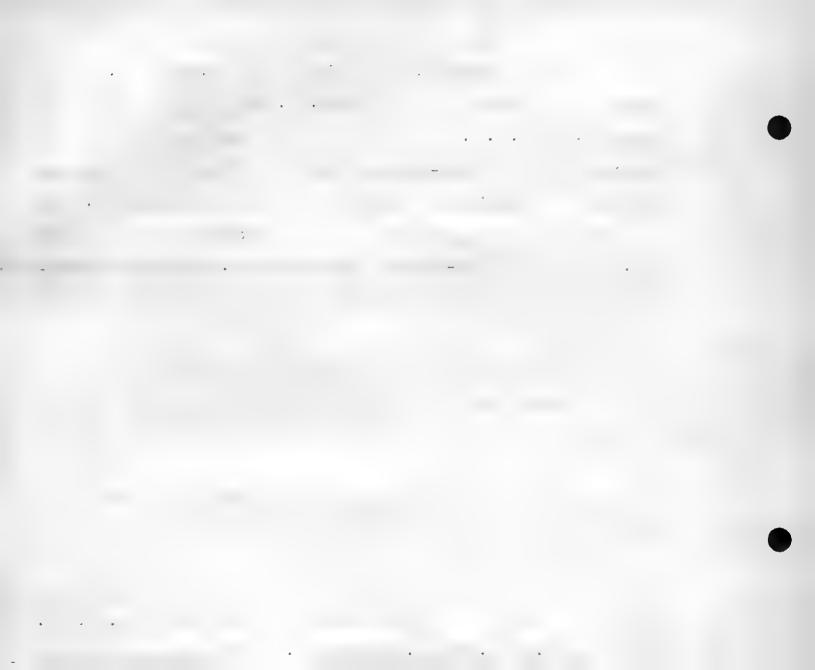


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e he use	FREE	21a. ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the purior of Health prior to burial, creating the purior of Health prior to burial, creating the purior of Health prior to burial.		22d. PHYSICIANS NAME (Type) DOWNLOS E. MAR FINIMA 22e. ADORESS 3 & Plantlement for
FOSE DOSE UNE Sector	23a	ALCREMATION 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City, or Town) (County), (Style)
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OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed be retained by the haspital or attending physician.  DIRECTOR: After this certificate has been signed by the attending physician and cample 3 shauld be detached far use as the burial-transit permit. Then please remave called with the State Dept. at Health priar to burial, crematian, ar remaval, and in any even	N.	PART 2 OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO	THE TERMINAL	DISEASE OR COI		``		
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CIAN: ntal ar ifficate ifficate	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	HOUR A.M. Ma	RY nth Day Year 19		OW INJURY OCCU	JRRED (Entern	nature at injur	y in Part 1 or Part 2, 1	tem 15.}	
NSI hasp cert chec pt. c	WED	21d. INJURY OCCURRED 21e. F		IME, FARM, STREET, FAC BUILDING, ETC.		CATION Street	or R.F.D. Na	City	ar Tawn	County	State
		While Nat while at work				0.0					
by 1 frer state		22a. I certify that (I) (this saw the deceased ali	hospital ottende	d the decease	ed from	120-	. 19.5	_ , to	Tel 14 , 19	<u>€</u> 7 , that	(1) (we) last
OR ATTENDING be retained by the SIRECTOR: After e 3 shauld be de ed with the State		saw the deceased ali causes stoted above,	ve on lect	not) view the	9 <u>07</u> , and hadvatter	d that in (my Ieath	/} (JEQE) opini	ion decom o	ccurred on the do	te and hour	and from the
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TO HUSFITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 shauld be called with the State		NAME (Type) JEOR	E JENNIN 3	M.D.		318	N POTO	MAC ST	., HAGERSTO	WN, MAIR	YLAND
FUN recty	23a.	BURIAL, CREMATION, 23b. D		23c NAME OF	CEMETERY OR	CREMATORY		23d LOCATIO	N (City or Town)	(County)	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b HOURa DECEASED-NAME First Middle Last 20. DATE OF DEATH executed within 24 hours after death eath unera (Type or pnnt) ETHEL. FAHRNEY ALVERTA 9:20 M Jan. 6. AGE (In years AF UNCER I YEAR 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS. Hast birthday) HOURS White Female March 21, 1910 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) .⊆ Washington lease remave carban papers. and in any event, within 72 h Maryland U DA WIDOWED [7] DIVORCED | campletely filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR County Hospital Housewife even if retired.) Haverstown INDUSTRY 13a JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Penna. The COUNTY Franklin R.D. # 2 NO K Jaynesboro IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Middle pe. Harry Albin Lucy Foltz ate 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address [II yes give war or dates of service] Yes, no, or unknown) burial, cremation, ar remaval, Chester E. Fahrney, R.D. 2. Waynesboro, Pa. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a)

\*\*Tastatic\*\*

\*\*Tast permit. Metastatic brain tumor DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove ) metastatic carcinoma to brain and chest few weeks rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse 4 years primary carcinoma left breast PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health priar ta 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? 1 - 6 - 69brain tumor YES 🔲 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Inter nature of injury in Part 1 or Part 2, Item 18.) 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Month Doy Year 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street of R.F.D. No. 21d, INJURY OCCURRED Stote City or Town County While Nat while at work 220. I **certify** that (I) (this hospital) attended the deceased from 12-31-68, 19, to 1-19-69, 19, that (I) (we) last saw the deceased alive an 1-18-69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 1 - 21 - 6922e. ADD RESS 22d PHYSICIAN'S NAME (Type) Abolu llah 318 N. Potomac St., Hagerstown, Md. 21740 23d LOCATION (City or Town) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BJRIAL, CREMATION Grindstone Hill Franklin, Pa. REMOVAL (Specify) Jan. 22, 1969 Grindstone Hill Cemeter Burial 24. FUNERAL DIRECTOR VR A15 (4) Waynesboro, Pa. 30M REV. 1/68



12 .	MARYLAND STATE DEPARTMENT OF HEALTH
*	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
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9 9 9	male white 5 DATE OF BIRTH 6. AGE (In years If LINORE YEAR IF JACE 24 HRS 4 HRS 1 HR
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in 24 hr	Maryland USA WIDOWED DIVORCED Washington Md
	1D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INST TLTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BLSINESS OR
\$ 4≥ 5 ≥ / /	Hagerstown wash. County Hospital dung moi we may be dired) INDUSTRY
anpla veeni	13a USLA: RESIDENCE (Where deceased lived, f institution Residence before 13c CITY OR TOWN admiss an) STATE Md. 13b COUNTY Wash. Hagerstown YES X NO \( \) 826 Guilford Ave
nd c	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
be and a service and in	John C. Fahrney Rosie Fishack
tificate ohysicic n plea val, an	160 WAS DECEASED EVER IN u.S. ARMED FORCES? Yes, no grunknown) Yes, no grunknown Yes, no grunknown Yes  17. INFORMANT Mrs.Ruby Heil Hagerstown Md
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carpitality fill director, page 3 should be detached for use as the burial-transit permit. Then please remove carboa postabackly with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within the state Dept.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY  LIMMEDIATE CAUSE (a)  DOUBLE OR AS A CONSEQUENCE OF  Conditions, if any, which gave use to immediate cause (a).  (b)  Part many an phy way.
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requestion signatures of the signature o	PART 2 OTHER S GNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a)
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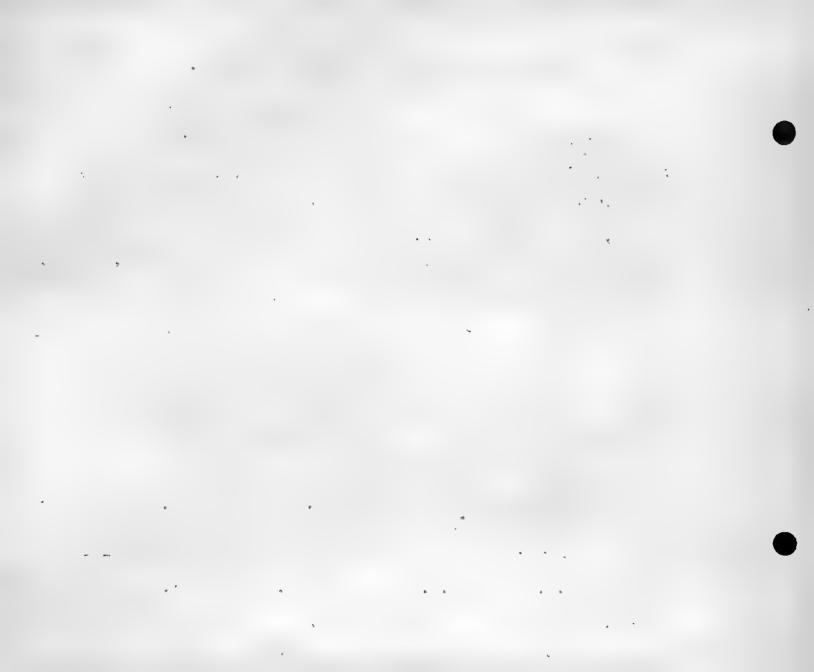
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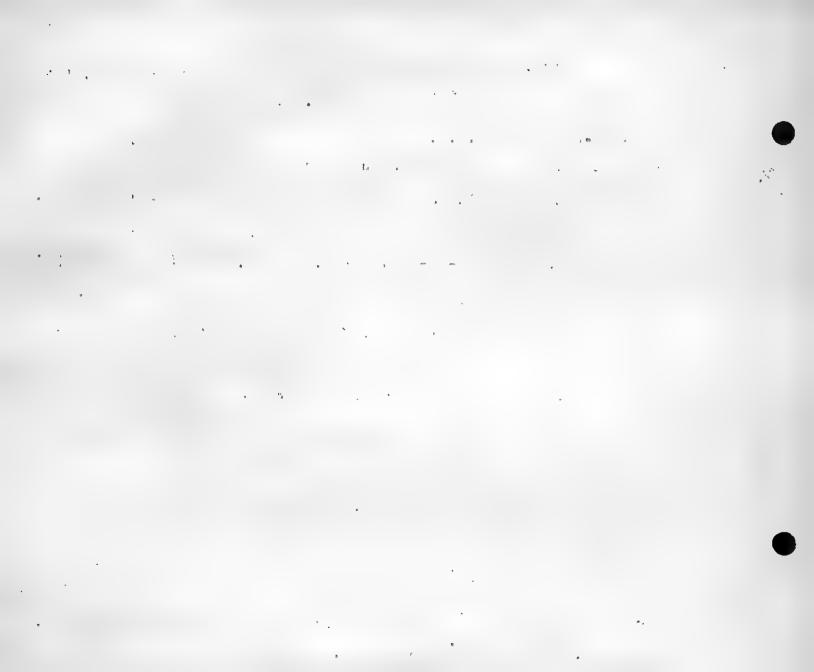
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	Item23 FilmGLO9 2/21/69 kk CERTIFICATE OF DEATH
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ricati Asicio Pleg	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If you give war or dates of service)  NONE  17 INFORMANT  144 Address DONNYE OOK Dr.  NONE  NONE  NONE  17 INFORMANT  144 Address DONNYE OOK Dr.  NONE  NONE
phy Phy ■vo	1 1000/AVMANT INTEGRI
requires that the death certificate graphysician. I signed by the attending physician is burial-transit permit. Then please a burial, crematian, or reminal, and	18. CAUSE OF DEATH (Enter only one couse per line for (c) (b), and (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave  isse to immediate cause (a).  (b) Congenital Aneurism, Circle of Willis Life long
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TENDING ined by th OR: After i auld be d	220. I certify that (I) fillis hospital) attended the deceased from Jan 27, 1969, to Jan 21, 1969, that (I) (we) last saw the deceased ative an Jan 21 1969, and that in (my) (our) apinian death occurred on the date and hour and from the
R: A	causes stated obove, (1) twe (did) (at opt) view the body after death.
ATTER ATTER CGOR Shoul	22c DATE SIGNED
DIRE	DEGREE PHYS LI DIRECTOR LI PHYS LI 1/20/09
O HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 should be filed v	22d PHYSICIAN'S NAME (Type) CHARLES C SPENCER, M.D. 145 S PROSPECT ST., HA ERSTOWN, MD.
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₩ ₩ VR A15 (4)	24. ELWERAL DIRECTOR // ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
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TEN Ined the the	П	saw the deceased alive an causes stated abave, (1) (v	(did) (divenot) view the bi	ady after death.	prinon death accorred an me	date and had due train the		
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or be a		-/////	MILIAN	DEGREE PHYS.	DIRECTOR PHYS	1-2-69		
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MARYLAND STATE DEPARTMENT OF HEALTH

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, creating the state Dept.	CERTIFICATION	PART 2. OTHER SIGNIFICANT CON	inary	TING TO DEATH BUT NO  Coupleys ICH OPERATION WASPEI	ewa		Abioni	- Leu	elity of	Lebel ONSIDERED IN CER	TIFYING
SICIAN: 1 sspital or ertificate red for us	MEDICAL CER	2To ACCIDENT WAS UNDERLYING  on contributing cause of death (If either, notify medical exomin  21d INJURY OCCURRED 22e.	HOUR A.M.	Month Day Year		OW INJURY OCCURRI		e of injury in Po		tem 18.)	Stote
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ro Hospital Page 4 may 10 FUNERAL C director, pag shauld be fil	23a.	BURIAL (REMATION, 23b. D	ATE _	23c NAME OF	ville	CREMATORY	23d	LOCATION (CIN	lle M	(County)	(Stote) Md
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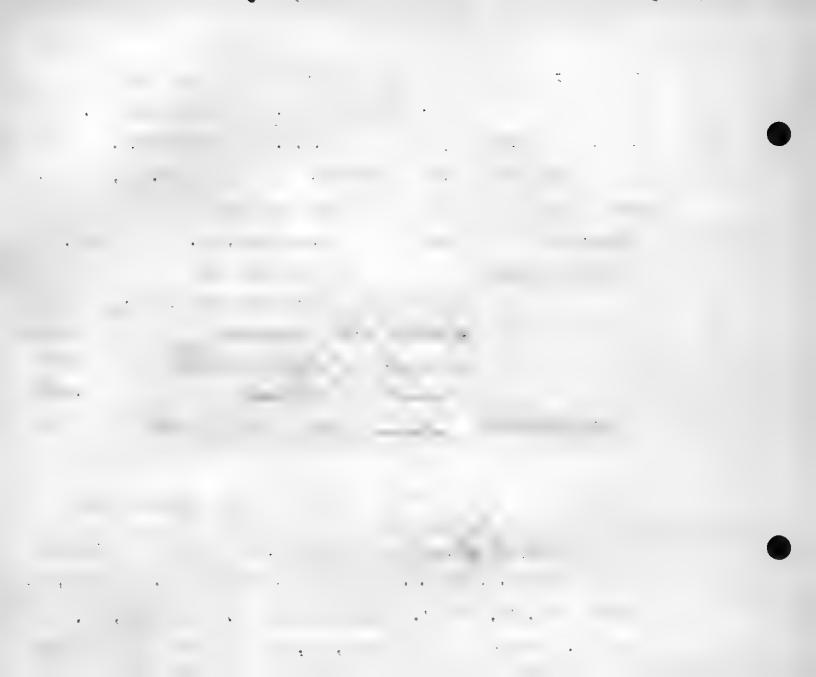
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1303 CERTIFICATE OF DEATH I DECEASED NAME Middle and 2 death. First Last 20. DATE OF DEATH 2b HOUR within 24 haurs after death in by the funeral ers. Pages 1 and (Type or print) Betty January 24 Louisa Hanna 1'569 burial-transit permit. Then please remaye carban papers. Pages 1 burial, cremation, ar remayal, and in any event, within 72 hours after a 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER + YEAR IF UNDER 24 HRS White Female May 3, 1927 last birthpay) To. BIRTHP\_ACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED TO NEVER MARRIED Maryland USA WIDOWED Washington DIVORCED filled i 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in basertal 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Washington County Hospital Vanager Cafeterna Hagerstown 130 USUAL RES DENCE (Where deceased lived if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY JIM TS? 13e STREET AND NUMBER 13b. COUNTY Washington Williamsport Varyland Sunset Ave 14 FATHERS NAME Lost 15 MOTHER S MAIDEN NAME FIRST Last requires that the death certificate be Roger Repp Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66. SOCIAL SECURITY NO 22 Sunmet Ave. 17 INFORMANT Yes, no. or unknown) Williamsport, Maryland Mr. John H. Hanna IB. CAUSE OF DEATH (Enter only one couse not line for (a)7(b), and (b)
PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave rise to immediate cause (a). be retained by the hospital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) director, page 3 should be detached for use as the 3hould be filed with the State Dept, of Health prior to FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The low 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 3B.) HOUR A.M. OR CONTRIBUTING TO CAUSE OF GEATH Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY OFFICE BUILDING, ETC. 21f LOCATION Street or R.F.D. No. City or Town State (aunty While Mat while at work 22a I certify that (1) (this haspital) attenued the deceased fram 19 6 7 and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive an\_ causes stated above, (1) (we) (did) (dia not) view the body after death. 22b, FGNATURE **ATTENDING** STAFF PHYS. DIRECTOR PHYS PHYSICIAN S 22e ADDRESS MAME (Type) Donald E. Martin, M.D. B63 S. Cleveland Ave., Hagerstown, Md. 23d LOCATION (City of Town) 230 BUR AL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 9 Cedar Lawn Memorial Park Hagerstown, Wash., Maryland PEGGERAR'S SIGNATUM REC'D BY REGISTRAR Williamsport, Maryland 25b. Leaf



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ed v		18 CAUSE OF DEATH (Enter   PART   DEATH WAS CAUS	anly are cause per ine :	for (a), (b), and (c))				APPROX MATE NIZEVAL BETWEEN ONSET AND DEATH
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the should to executed the word "pending" is a to the Chief Medical o buriol-transit permit.		last	(c)					
XAMINER: This certificate should be executed with the certificate, writing the word "pending" in pege 4 should be forworded to the Chief Medical Exargour files.  age 3 should be used as a bunal-transit permit. File cremation, or removal, and in any event within 72		PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBLTING	TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISE	ASE OR CONDITION GIV	EN IN PART 1(0)	
tifico inting ordec d os vol, o	8	LO DATE OF OPERATION	Lan	CAUDITION CON INCIDEN	2222 171211			
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Seld in the contract of the co	N N	PRIMARY OR CONTRIBUTING	HOUR A.M		ZIC HOW INJURY OCCU	אאנט (נוזיפו חמיטופ מו ו	njury in Port I or Part 2,	rem 18 )
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bical Examiner: se execute the certi- stor Page 4 should ned for your files. iECTOR: Page 3 shou- buriol, cremotian,	1	AT WORK AT WORK	lando de estado e		oave, held an Autaps		- D teaction (	
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TO DE PROPERTIES S AMEN Head	230	BURIAL, CREMATION, 23	b DATE	23c NAME OF CEME	TERY OR CREMATORY	23d LOCA	TON (City or Town)	(County) (State)
		REMOVAL (Specify) Burial	1/4/69		U Cemetery		erstown-Wasi	hington-Md.
20		FUNERAL DIRECTOR	u. a. Ho	ADDRESS		SO REC'D BY REGISTRA		SSIGNATURE
VR A15ME (\$)		Rest Haven Jun	eral Chape	l Hagersto	un, Md. Di	JAN 6 19	169 Julian	10



	_ 1	$010^{\circ}$ Maryland state department of health division of statistical research and records, 301 W. Preston street, baltimore 1, maryland	
7	2-	Item Film 408 1/22/69 kk CERTIFICATE OF DEATH	
	death. funeral and 2 r death.	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admissi	ion)
	after the f after	Washington Maryland Washington	
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Hagers town  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  R.F.D. 1, Clear Spring, Md.	/n)
	Pours	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   d. STREET ADDRESS   e. IS RESIDEN	ICE
	2/ 量量79	Washington County Hospital R.F.D. 1, Clear Spring. VES NO.	
	The state of the s	3. NAME OF First Middle Last 4. GATE Month Day Year	
	S 22/2 3/1	(Type or print) Virginia Mae Herbert   CEATH Jan. 12, 1969	Iné
	and comremove remove n any eve	last birthday) Months Days Hours   Mi	u. Ko
	e region and in a	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT	_
	cate be physician n please val, and ir	Housewife Home Terra Alta, Pa. U.S.A.	
	ffcat f phy en p oval,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	death certificate e attending physi permit. Then ple: ion, or removal, ai	Charles Rodahaver  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address	
	ath atter rmit.	(Yes, no, or unkown)   (If yes give war or dates of service)	
		18. CAUSE OF DEATH (Enter only one cause per line fords), (b) and (c), 1	
	구 . 오인트	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Believed lofar inclumentary  ONSET AND DEAT	<u>п</u>
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	require ding ph been s the bu ir to bu	Conditions, if any, which gave rise to immediate cause (a) estating the DUE TO	
	로는 오픈 듯	underlying cause last. (c) Technolier of Allien	
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED	?_
	CIAN: The Land of the Control of the	Click factive william adjudance allers factor of the YES NO    20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Engle nature of injury in Part 1 or Part 11 of Item 18.)	
		OR CONTRIBUTING CAUSE OF DEATH  G (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	HYSICIA he hospi this cert letached Dept. of		,
	NG P by t fter be d state	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town) (County) (State)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town) (County)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, farm, factory, street, office bidg., etc.)   20g. PLACE OF INJURY (Home, farm, fa	
		21. I certify that (I) (this hospital) attended the deceased from 5/6, 19/6, to fam (2), that (I) (we) I	
	retaine ECTOR: 3 shoul with th	saw the deceased alive on Jandy 1964, and that death occurred at 54 M, from the causes and on the date stated abo	ve.
	AL OR nay be NL DIRI page filed	Elines Marry M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 1/3/64	
	TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	22c. PHYSICIAN'S NAME (Type) Edson B. Moody, M.D. 22d. ADDRESS 363 S. Cleveland Ave. Hagerstown, Md.	
	TO HOSPITA Page 4 mg O FUNERAL director, p	232 BURIAL CREMATION   236 DATE THEREOF   23C NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)	
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Burial Jan. 15, 69 St. Paul Cemetery Clear Spring Md	
	0-0	Trouver College Trophysia	
	VR AJ5 (4) 20M 1/65	Donald E. Thompson Clear Spring, Md. DATEJAN 17 1969 Charles Judge	_
	A.		



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of the supplemental state of the supplementa		316 1 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1000		
7		temi FilmG109 2/0/09 RK	1000		
€ 55€		DECEASED NAME First Middle Last 2a. DATE OF DEATH Type or print) Richard Lost 2a. DATE OF DEATH Month Day	2b. HOUR		
deo deo	,	GROVER OLEVALAND/ HOFFMAN January 25 1	969   1A'M		
fer fer	3. S	EX 4 RACE /////// S DATE OF BIRTH A AGE (In years I FU	INDER I YEAR IF UNDER 24 HRS		
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the haspital ar attending physician. The following physician and carefully filled-in-by the funeral his certificate has been signed by the attending physician and carefully filled-in-by the funeral stacked far use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 Dept. af Health priar to burial, crematian, or removal, and in any event, within 72 pages 1.	L	Male White September 15 1908 60 YRS.	THS DAYS HOURS AMIN		
no à	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH			
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2 2 2	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1/20, USUAL OCCUPATION (Kind of work done 1):	26 KIND OF BUSINESS OR		
ed within		Hagerstown Wash County Hospital during mast of working life, even if refired)	NDUSTRY		
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ond company of the control of the co	oam	maryland Washington Hagerstown YESK NO 50 Elizabeth	St		
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e death certificate b attending physician permit. Then please an, or removal, and in	160	WAS DECEASED EVER IN U.S. ARMED EDRICES? 11Ab SOCIAL SECURITY NO. 177 INFORMANT Address	St		
S C C		Tes, no, or unknown) (If ves give wor or do so d sente) Y es W.W.#2 213-16-0354 Mrs Janet Trumpower 432 No	Mulberry		
cert nov			APPROX MATE INTERVAL BETWEEN DISET AND DEATH		
<b>=</b> .₩₽		PART I DEATH WAS CAUSED BY. Brain hemorrhage	Hours		
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e al	ı	Conditions, if ony which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony which gave)  A. Emphysema cirrhosis of the liver			
at		rise to immediate cause (a), (b) Shipting School (b)			
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requestion of the property of		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)			
The law ratending attending has been se as the h priar ta	₹	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS CONSI	GS CONSIDERED IN CERTIFYING		
The Identification of	CERTIFICATION	YES NO CAUSES OF DEATH?			
e har a large of the large of t	ERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	101		
olo olo far far He		TOR CONTRIBUTING TICAUSE OF DEATH HOUR A.M. Month Day Year	10.)		
Spit spit entiti ed	MEDICAL	(If either, notify medical examiner) P.M. 19			
HY hach bept	1	21d. INJURY OCCURRED  Ale. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  While Nat while of work  Of work  Of work	ounty State		
t de la tra		at work of work	50 1 10 1		
Sta by Sta		22a. 1 certify that (I) (MAS MASS AND attended the deceased from 1/24/, 1969, ta 1/25/, 1969 saw the deceased alive on 1/25/ 1969, and that in (my) (SM) opinion death occurred on the date of	22, that (I) (Week lost		
R: /	ı	couses stoted above, (f) (vertain) wiew the bady after death.	mo nour uno nom me		
Figure 2 A A A A A A A A A A A A A A A A A A		22b SIGNATURE 22c DATE	SIGNED		
DA Pere dw		M.D. D. DEGREE PHYS. MED DIRECTOR PHYS. []	1/27/69		
AL Page 1	L	224 ADDECS			
ERA II. P	1	PHYSICIAN NAME (Type) Howard N. Weeks 580 Northern Ave., Hag	jerstown,Md		
Page 4 may be retained by the haspital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and for director, page 3 shauld be detached far use as the burial-transit permit. Then please remainshould be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any	230	BUR AL CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	ounty) (Stote)		
Page of printing and page of p		Burial 1/28/69 Detrick Cemetery Seven Fountains Sha	va.		
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	П	1161 r	DIVISION OF VITAL RECOR	DS, 301 W. PRESTON STREET, BALL CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	01607
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Pog hours	Za.	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED	9 COUNTY OF DEATH	
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Į.	31	Hagerstown	give street address) Washingt	on Co. Hosp. Nya	ost of working life, even thretired.) L Service Stere	Drug
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		PART I DEATH (Enter only	y one couse per line for (a), (b), and	(c))	,	BETWEEN ONSET AND DEATH
			TE CAUSE (0)	cardiel in to	netly	25 cay)
		/	DUE TO, OR AS A CONSEQUENCE	OF		
		Canditions, if only, which gove a rise to immediate cause (a),(	(b)			
		stating the underlying couse(	DUE TO, OR AS A CONSEQUENCE	Of		
		lost	(c)			
		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)	
	1 =					
	15	19g. DATE OF OPERATION 19b C	ONDITION FOR WHICH OPERATION WA	S PERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
ì	CERTIFICATION			YES Z NO	CAUSES OF DEATH?	1
ľ		21a ACCIDENT WAS UNDERLYING			r nature of injury in Part 1 or Part 2, 1	tem 181
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Y	BOIL	, , 2, 2, 0 or injury in 1 on 1 on 1 on 2, 1	NIII 147
	WED WED	(If either, natify medical examination 12) and INJURY OCCURRED 12) e. f	er) P.M. PLACE OF INJURY (AT HOME, FARM, STREE	. FACTORY ) 21f LOCATION Street or R.F.D. No	(A T	6
		While Not while of work	OFFICE BUILDING, ETC	LUCATION STREET OF K.F.D NO	City ar Town	County State
			. b (b - (b - 1) - (b - 1)		S . 14.	75
		can the deceased of	s haspital) attended the dece	ased from 4/c > , 190 19 2 and that in (my) (aur) ap	7 , to 2 F Jes , 19	s, that (I) (we) last
		causes stated above	(I) (we) (did) ( <u>d.d nat)</u> view t	he body after death	man again accurred an the da	re and haur and tram the
		22b SiGNATURE	· · · · · · · · · · · · · · · · · · ·	The said will add the	22. r	PATE_SIGNED .
		Od. M.	Homellon la	DEGREE PHYS	STAFF -	1/23/10
		22d PHYSICIAN'S	a organistr	DEGREE PHYS 22e ADDRESS	IRECTOR PHYS	11/07
İ		NAME (Type)	2 Hoach lo	m de	300 / 2	not
1	20	D DIAL COUNTY 201 D	ATT	Of CHATTON OF COUNTY	Tel correction	
	230	BURIAL, CREMATION 235 DI REMOVAL (Specify)		OF CEMETERY OR CREMATORY	23d .OCAT ON (C ty or Town)  Burkittsville.	(Caunty) (State)
	24	EUNERAL DIRECTOR	L/20/69 Uni	n Cemetery		FredMd.
	143	TOWERAL DIRECTORY	. //	wheretok we JAN	REGISTRAP 69 25th Constraint	GWATERE
	1/	sele herners	X Home Dr	unswick, Md DATE		0 0



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11615 CERTIFICATE OF DEATH 01308 2b. HOUR P 1. DECEASED NAME First Middle Last 2a. DATE OF DEATH death. requires that the death certificate be executed within 24 hours after death funerol 1 and (Type or pnnt) Jahn 9, Day 1969 or ANNA HUTZELL LEE 6:30 m 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years F JNDER I YEAR IF UNDER 24 HRS lost buthday) White HOURS Dec. 19, 1929 Female 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED West Va. Washington USA WIDOWED F DIVORCED [ filled within 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work dane 126 KIND OF BUSINESS OR give street gddcess) during mast of warking life even if refired)
Washington County Hosp. Housewife INDUSTRY etery Hagerstown Own Home burial, cremation, or removal, and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Washington YES NO attending physician warmit. Then please remove 125 S. Main Street Md. Boonsboro 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Anna Rebecca Crampton Harvey Lee Eichelberger 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Claude Hutzell Yes no ar unknown) None None 234-46-8061 25 S. Main St., Boonsboro, Md. APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for/(a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Poge 4 may be retained by the hospital or ottending ifter this certificate has been be detached for use as the d for use as the of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? NO XX YES 🗀 21a ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. CO FUNERAL DIRECTOR: After this cendirector, page 3 should be detached should be filed with the Stote Dept. 21d HUJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at work 00 22a. I certify that (I) (this haspital) attended the deceased fram. Zax 19 69 and that in (my) four) apinian death accurred an the date and have and from the saw the deceased alive an.... causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS. PHYS 22e ADDRESS 22d, PHYSICIAN'S J. D. Wilson, M.D. NAME (Type) 580 Northern Ave., Hagerstown, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 230 BURIAL CREMATION BALLA J Boonsboro, Wash.Co, .Md Boonsboro Cem tery 25o. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Harwers Ferry VR A15 M 30M REV West Va.

MARYLAND STATE DEPARTMENT OF HEALTH

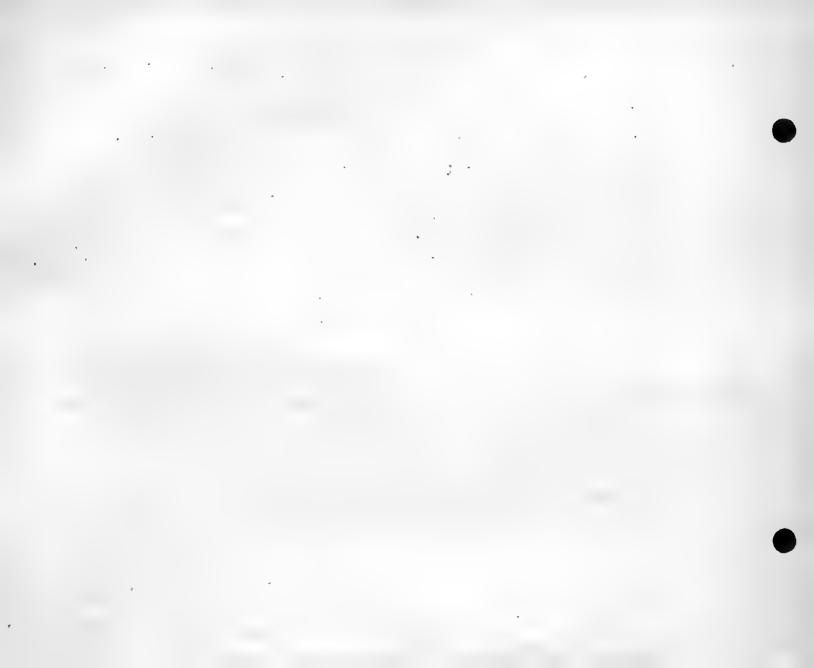


,	· · ·	m 6 FilmGh			VITAL RECORDS -		CATE OF D		IORE, MARI	LAND 21201	0100	9
		CEASED-NAME	First	TO/ OAKK	Middle	CERTII	Lost		20. DATE OF D	E A TILI		2b. HOUR
		rpe or print)	Ferr	1	Benson		Jacque		20. 07.11. 01 0	Month Do	y Year	20. 1100K
ŀ	3 SE:	·	1 011	4. RACE	Deligon	į.	S. DATE OF BIRT		- 17	Jan. 5 AGE (In years	E JNOER 1 YEAR	IF UNDER 24 HRS
		Female		Wt	nite		May 6,	1894		75 711 YRS.	MONTHS DAYS	
- 1	7o. B	IRTHPLACE (State or for		b. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	NEVER MARRI	(U	COUNTY OF D			
		Ohio		USA		WIDOWE				nington		М
2	10. CI	ty or town of death Hagers		11 N give	AME OF HOSPITAL OR II street oddress)	NSTITUTION (I		12a. USUAL during masi	OCCUPATION (I	(and of work done even if retired)	12b. KIND O INDUSTRY	F BUSINESS OR
ı	13e	HOLLAN DECIDENCE (14/)	4. 4	lived, if institut				INSIDE CITY LIMIT		ET AND NUMBER		
1		usion) STATE Md.			Wash.	Hag	DI O OCCUPATATION	res 🔲 No 🛭		D. # 1		
	14. F.	ATHER'S NAME Firs	\$ŧ	Middle	Lost		IS MOTHER'S MAID		t	Middle	_	last
ı				Unknot				May		_	Bo	enson
	160. V	WAS DECEASED EVER IN	I U.S. ARMED	O FORCES? or dates of service)	166 SOCIAL SECURITY		INFORMANT			Address		
		es, no, or unknown)			217-32-1	177 Jin	ıy S. Jac	eques,	R.D.#1	. Hagerst	own, Mo	
I		18. CAUSE OF DEATH	(Enter only	one couse per li	ne for (o), (b), ond (o	:).)					APPRO	KIMATE INTERVAL ONSET AND GEATH
		PART I. DEATH W	AS CAUSED 1	BY CAUSE (a)		Ce	rebral t	hrombo	sis		13	hrs
-		4330	TIME CONTRACTOR		AS A CONSEQUENCE O							
		Conditions, if any, whi	ich gave)	(b)		1	yperten s	ion				
ı		rise to immediate constating the underlying	use (o), (		AS A CONSEQUENCE O	F						
- 1		tost.	g tause	(c)			toriocle	rosis,	mene re	lized		
		PART 2. OTHER SIGNIFI	CANT COND	ITIONS CONTRIBU	ITING TO DEATH BUT						-	
	×	0s	teoar	thritis	;							
	CERTIFICATION	19a. DATE OF OPERATION	N 196. CO	INDITION FOR WE	SICH OPERATION WAS F	PERFORMED	20a. AUTOPS	Y?		ES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
2	Ē	-		-			YES _	NO 🔯		OF DEATH?		
		21a. ACCIDENT WAS U	NDERLYING	21b. TIME O		21c.	HOW INJURY OCCUP	RRED (Enter n	ioture of injury	in Part 1 or Port 2,	Item 18.)	
	MEDICAL	☐ OR CONTRIBUTING ☐ CA	O exomine	r) HOUR A.M. P.M.	Month Doy Yeo	19	non	.0				
	₹ .	21d INTITRY OCCURRET	21a Pl	LACE OF INJURY	AT HOME, FARM, STREET, P OFFICE BUILDING, ETC	ACTORY.) 21f.	LOCATION Street	or R.F.D. No.	City o	r Town	County	State
		While Nat while at work	J	nolle				-		_	-	
		220. I certify that sow the dece couses state	t (I) (this	haspital) att	ended the decea	sed from_	Doc		7, to <u>,</u>	lsn, 1!	9_69 , the	t (t) (we) k
		sow the dece	eosed aliv	e on 100	21	.19 <u>.08</u> , a	nd that in:(my)	(our) apini	on death oc	curred an the d	ate and hou	and fram t
		couses state	d abave,	(I) (MS) (qid)	(कार-गट्ये) view the	e body afte	r death.			1 20	D. 1. Tr. 410.110.	
		22b SIGNATURE		ے سید		20	ATTENDING PHYS	MED DIRI	ECTOR	S18H !	DATE SIGNED	,
		Harved	TIN	uch y	7	VI) DE					1/6/69	
ŀ		22d. PHYSICIAN S NAME (Type)	r <sup>u</sup> ar	ole P.	Tritch, Jr	,	22e. ADDRE 302	II. Po	tomne S	t Hemr	stown,	Mariel r
	23a.	BUR AL, CREMATION,	23b. DA	TE	23c. NAME O	F CEMETERY (	R CREMATORY		23d LOCATION	(City or Town)	(County)	(State)
		REMOVAL (Specify)	Jar	7. 7	969 Smith	shurz	Cemeter	7	Sm	ithshurg	Wash.	Md.
	24 ,	CHNEDAL DIDECTOR		- , ,	ADDRES	33	17	Sa REC'D RY	REGISTRAR	2Sb. REGISTRAR	S SIGNATURE	
4	1	linnich Fu	neral	nome,	SHIT TURBUT!	2/18	3 1	DATE . 3	1368	15 may	The June	420

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01310 0161 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME First Lost 2b. HOUR Month 23 (Type or print) Jan. 969 A.M arh offer 4 RACE IF UNDER 24 HRS SEX S. DATE OF BIRTH F JNDER I YEAR 6. AGE (in years HOURS last birthday) cion and completely filled in by the lace remove corbon popers. Page ond to any event, within 72 hours al 3/9/1903 YRS. Female Whi te 24 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Sunbury, Pa. DIVORCED [ WIDOWED | Washington 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired)
Machine Operator give street oddress) INDUSTRY Hagerstown Washington County Knitting 13a USUAL RES DENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY UNITS? admission) STATE 13b. COUNTY NO T Frankl Waynesbo Hamilton Ave 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME First Middle Lost Francis Straub Hnknown signed by the attending physicion of burial-tronsit permit. Then place 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address la ynesboro 17 INFORMANT (It was give wor or dates of service) Yes, no, or unknown). **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physi director, page 3 should be detached for use as the burial-transit permit. Then pl should be filed with the State Dept. of Health prior to burial, cremotion, or removal, Iton Ave. 173-03-202 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES \_\_\_ NO [ 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, not fy medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work at work 1 O FUNERAL DIRECTOR: After 19<u>65</u>, to 22a. I certify that (1) (this hospital) attended the deceased fram\_ 19 62 7, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an couses stated above, (1) (we)(did) (did not) view the body after death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING -MED. DIRECTOR STAFF PHYS. PHYS PHYS!CIAN'S 22e. ADDRESS NAME (Type) Hess Charles Smithsburg 230 BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Rose Hill Rranklin Pa FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATUR VR A15 [4] Waynesboro Pa. 30M REV, 1768 DATE



1	MARYLAND STATE DEPARTMENT OF HEALTH  THE RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN THE Month Doy Year	25 HOUR
1	(Type or Print)  TALMADJE  RADY  JOINES  OF ESTI- DEATH MATED   1 17 1969	LZ: 5N
3	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS 20 DATE PRONOUNCED DEAD	2a HOUR
L	MALE WIITE MAY 23, 1900 68 YRS WORKINS DATS MOURS MAN Month 19 17- Year 19 69	A. M
7	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	(OLINTY) AT KANSAS U.S.A. W DOWED D. VORCED WASHINGTON	Mo
1	10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito during most of working life, even if retired) INDUSTRY	NESS OR
L	TAKUSTOUND FINASHIN FOON COUNTY HOSP. I THIT HO CAT PANTER I HITTIDE	K P
ľ	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before CONTY, REYOWN Odmission) STATARKANSAS 136 COUNTY AULKNE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
=		
ľ	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost  BETT JONES ELLA JONES	
10	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 117 INFORMANT 808 ADDRESS TO CODOL V. CO.	
	(1 (es. no. or unknown) (1 yes give war or doles of service) UNKNOWN E'A JONES CONWAY, XAXWAXAA, A. KALISAS	
F	APPROXIMATE	INTERVAL
L	PART I. DEATH WAS CAUSED BY:    MMKD.AIE CAUSE (of racture of rt. parietal bone which extends 12 he	
	DUE TO, OR AS A CONSEQUENCE CACTOSS the frontal.	anra'
	(onditions, if only which gove )	
	rse to immed ate couse (a).    storing the underlying couse   DUE TO, OR AS A CONSEQUENCE OF	
	lost. (c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
1	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 120 AUTOPSY	10
1	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY WAS PERFORMED?	
100	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216 TIME OF NURY Month, Doy, Year 21c HOW JAJURY OCCURRED (Enter noture of injury in Port I or Port 2, Item 18)	NO 🗆
	₹ PRIMARY PT OR CONTRIBUTING   HOUR ★ HOUR	
917 71.0	CAUSE OF DEATH  12:15 M 1-16- 1969   Head on collision with another car   21d INJURY OCCURRED   21e. PLACE OF INJURY (At home, form, street,   21f. toCATION Street or R F D. No. (Ity or Town County)	State
	WHILE NOT WHILE Stockery, office building, etc)  AT WORK ST AT WORK ST 81 - 1 mi. South of Junction # 15. Martinsburg Berkley. W.V.	A
	220. 1 certify that I took charge of the remoins described obove, held on Autopsy , Inspection , Inquiry , and in my	
	death resulted from: Notural couses , Accident X, Suicide , Homicide , Undetermined monner	op mon
	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED	
	EXAMINER'S DEPLTY MEDICAL EXAMINER 1-17-69	
	NAME (Type) DR. E.W.DITTO, JR. 215 W. Washington Street Hagerstown Md.	
	230 BURIA, CREMATION, REMOVA, (Spec fy) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (St	ote)
L	PEMOVA (Specify)  ULTAL EMOVAL 1/17/69 VILONTA CEMETERY VILONTA FAULKNER ARKANSAS	S
	24 FUNERAL DIRECTOR ADDRESS  A	•
ΙŚ	Charles M Rauce HA HR STOWN MA, VI AND DATE	



1		01615	DIVISION OF VITAL RECORDS,	301 W. PRESTON S	TREET, BALTIMOR	RE, MARYLAND 212	201	
•		1,10.2		CERTIFICATE OF	DEATH		0131	2
£ _2=		CEASED-NAME First	Middle	Last	2a.	DATE OF DEATH		2b. HOUR
9 9 9	[ [1	ype or print)	ALL EVGO	Ne K11	NE	Month	Day Yeor	9 9.55 AM
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 SE	X	4. RACE	S. DATE OF	BIRTH	6. AGE (In year last birthday)	OFS IF UNDER 1 YE	AR IF JNDER 24 HRS
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, stained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funccil should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages regard if the State Dept. af Health priar to burial, tremation, or remaind, and in any event, within 72 hours after deather the state Dept.		111111	100 111	NA	11. 191	last birthday	YRS. MONTHS DA	AYS HOURS MIN
by P.		IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER M	ARRIED 9. CO	UNTY OF DEATH		
J in ers. 72 h	caur	1110	11.5 1.		ORCED	W75/11	NA Yol	7 Md
and and campletely filled in by t	10 0	ITY OR TOWN OF DEATH	TT, NAME OF HOSPITAL OR IN		120 USUAL OCC	UPATION (Kind of work	dane 125 KIND	O OF BUSINESS OR
wit w		HAGCOSTE	GLA GIVE street oddress)	Alisto ala	during most of	working life, even if ret	tred   INDUSTRI	· -
cart of	13a	USUAL RESIDENCE (Where deceas	ed aved, if institution Residence before	13c CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUME	BER	
amb ave	aam	STATE MOISE	136 COUNTY - edorich	BUIDA Myerov	MES NO			
a a a	14 1	ATHER'S NAME First	Middle Lost	IS. MOTHER 5	MAIDEN NAME First	Mic	ddle	last
cian ar		DONAL	d G. K/IN	e F	754 N	Trepre	44811	· C:
	16a.	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give w	nt or riotes of secure)			Add	iress	1 21773
0		A 1/	1110 NE	970 N'A-1.	d8.1(/11V	2, 11/40	2151/16	ex Med
The me		18. CAUSE OF DEATH (Enter on	y one cause per tine far (a), (b), and (c)	)		,		PROXIMATE INTERVAL EEN ONSET AND OBATH
0 2	П	PART I DEATH WAS CAUSED	BY TE CAUSE (a) Erythroblas	tosis fetal:	Ls		5	hours
attending permit. The ian, or remo	L	1747	DUE TO, OR AS A CONSEQUENCE OF					
the nati		Conditions, if ony, which gave a rise to immediate cause (a),(	(b)					
this certificate has been signed by letached far use as the burial-tran e Dept. af Health priar to burial, crer		storing the underlying couse	DUE TO, OR AS A CONSEQUENCE OF					
signed by in burial-transil burial, cremo		lost,	(c)					
2 2		PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMIN	NAL DISEASE OR CONDIT	TON GIVEN IN PART 1(a)		
라 다 다	ő,	10 DATE OF OREDATION LIGH	CONDITION FOR WILLIAM ORGANION WAS IN	TOTODIUTO LOS AU	TORCYA	Tool to with the period	DINCE CONTIDENTS	IN CERTIFYING
as the prior to	3	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PE	1		20b. IF YES, WERE FINI CAUSES OF DEATH?	DINGS CONSIDERED I	IN CERTIFFING
€ (	CERTIFICATIO	21a. ACCIDENT WAS UNDERLYIN	C. Took TIME OF INITION	YES [		re of injury in Part 1 or I	D-4 0 (s 10)	
He	ਤ	TO OR CONTRIBUTING TO CAUSE OF DEAT	H HOUR A.M. Month Day Year		CORRED (Enter natu	re or injury in Port For I	run 2, nem 16 j	
Dept. af	MEDICAL	(If either, notify medical examinated INJURY OCCURRED 21e	DEACE OF INHERM AT HOME FARM STREET FA	GORY 1 214 LOCATION CA	root or D.S.D. No.	City or Town	County	Stote
dec		While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET FA	ZII. LUCATION ST	eer of K.F.D. No.	City of Town	County	31016
ale		22g   certify that /1\	to spital attended the decase	ed from 1 == 1	19 69	to I-I	19 69 +	hat (I) (west foot
e St		saw the deceased a	ive on 1-1-	19.69 , and that in (	my) (aur) apinion	deoth occurred an i	the date and ho	our ond from the
ŧ		couses stated above	s hospital) attended the deceos live on 1-1- , (I) ( <del>we) (did)</del> (did not) view the	bady after death.				
wit		22b SIGNATURE	$\sim 1/$	_			22c DATE SIGNED	) ~
e G		Crarles -	Then M	DEGREE PHYS		OR PHYS.	1-2-	91
9 9 1 1		22d, PHYS CIANS NAME (Type) Charl	es F. Hess, M.D.	22e. A	Smiths	burg, Maryl	land	
director, page 3 should be detached for use as the burial-transit permit. Then, should be filed with the State Dept. of Health prior to burial, cremation, or remarka				COURTON OF COURT				(64)
Shou	230	BURIAL, CREMATION, 23b.   REMOVAL (Specify)	DATE 230 NAME OF BN 2, 1969 3410	CEMETERY OR CREMATORY	23d	LOCATION (City or Town		(State)
	28	FUNERAL DIRECTOR	ADDRESS	11/11/16/11	2Sa. REC'D BY REG		STRAR S SIGNATURE	
R A15 A	24.	Tall.	. ,	ersulle. M			Charles &	udel
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MAKTLAND STATE DEPAKTMENT OF HEALTH



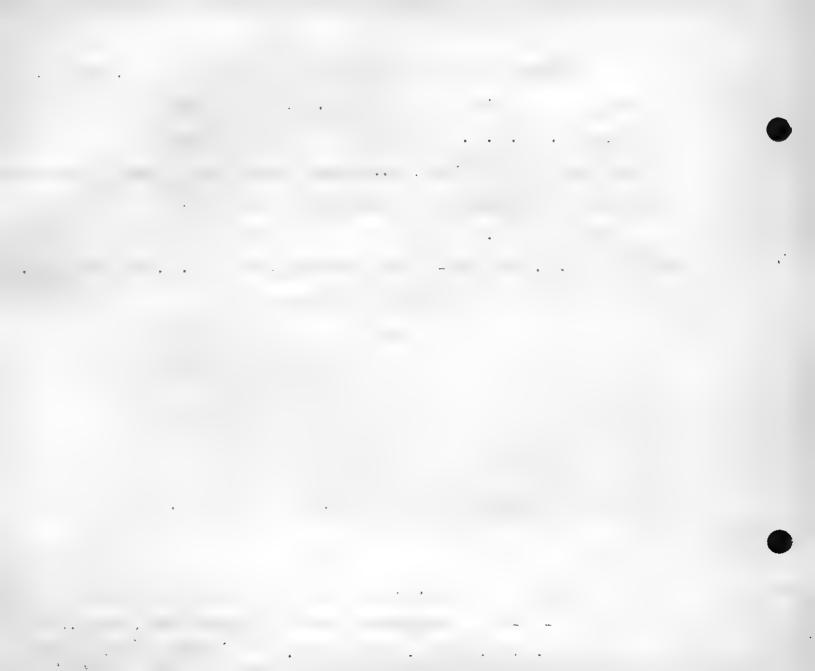
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31623 CERTIFICATE OF DEATH DECEASED NAME Middle Lost orto etely filed in by the funeral versation papers. Pages 1 and 2 event, within 72 hours offer death. 20. DATE OF DEATH 24 hours after death (Type or post) January 10, Day 969 Year Rufus Wilburn Knicley 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR IE HADER 24 MRS lost burthday) MONTHS \$ white 5 11-1907 male To BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED TO NEVER MARRIED 9 COUNTY OF DEATH USA Washington Virginia WIDOWED I D.VORCED [ 10 CITY OR TOWN OF DEATH 12o. uSJA. OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 2b KIND OF BUSINESS OR Vash. County Hospital during most of working life, even if retired)
Trainmaster Railroad p etely Hagerstown 130. USJAL RESIDENCE (Where deceased ved, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY Md. Wash. Hagerstown YEX ND T 1 S Mont Valla Ave. physician and com buriol, cremotion, or removal, and in any 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First First M ddle Lost Middie Lost The law requires that the death certificate be Samuel A. Knicley Nora Hoffman 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes no or unknown) (If yes give war or dates of service) Mrs. Katherine Knicley Hagerstown, Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a)\_(b) and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove ) signed by the buriof-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Hol be detached for use as the Stote Dept. of Health prior to hos been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 28n. AttTOPSV? 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO X TO FUNERAL DIRECTOR: After this cert.f.cate ATTENDING PHYSICIAN: 210. ACCIDENT WAS UNDERLYING 21b. THME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME FARM, STREET, EACTORY ) 21f LOCATION Street of R.F.D. No City or Town (ounty Stote of work Not while 22a. I certify that (1) (this haspital) attended the deceased fram 5 /cm 16210 , 1969 , that (1) (we) last saw the deceased alive on 102 5 \_1965, and that in (my) (aur) opinion death accurred on the date and hour and from the retained director, page 3 should should be filed with the causes stated abave, (I) (we) (aid) (aid nat) view the body after death. TO HOSPITAL OR PHYS DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a BURIAL CREMATION 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town) (County) (Stote) 1-13-1969 Rose Hill Cemetery Hagerstown, Md. ADDRESS 24 FJNERAL DIRECTOR 250 RECD BY REGISTRAR 25b REGISTRAR S S GNATURE Minnich Funeral Home Hagerstown, Md. DATE AN



7	. =	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH
0	Terra Sulc	11016
1	sh fur	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 5. COUNTY 6. STATE 5. COUNTY
	2 25 E	Washington MARYLAND Maryland Washington
	4 2 2 2	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	5 5 5	Dargan Life Dargan
	within Pages Pages	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
		residence at Dargan   RFD # 2, Harpers Ferry   YES   NO X
	ecute mplet pape n 72	3. NAME OF First Middle Lest 4. DATE Month Day Year
		(Type or print) MARY HELEN KNIGHT DEATH JANUARY 8, 19 69
	~ 0 .≕	5. SEX   6. COLOR OR RACE   7, MARRIED   8. DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR, IF UNDER 24 HRS.
	ite be n and carb ent, w	Female White WIDOWED N DIVORCED une 1, 1881 By yrs. Hours Min.
	hysician a remove c	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	Dhysi Fem	dona during most of working life, even if retired)  Housewife  Own Home  Washington County, Md. USA
	Obe _/	13. FATHER'S NAME
	10 C. 41	John Crampton Frances Saylor
	27	18. WAS DEPTATED SUED IN LIC ADMINISTRATION OF THE PARTY
	vires the ysician. od by the permit.	No None 234-80-6705 RFD#1, Harpers Ferry, W.Va. 25425  [16. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (g).]
	d b per	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CIPILON Vancular Actualy Continued  Charles Continued  Charl
	The law requires the attending physician, as been signed by the burial-transit permitial, cremation, or rem	PART I. DEATH WAS CAUSED BY, Cerebro Vancular activity Cerebro Vancular activity of Cerebral ONSET AND DEATH City of 12
	The law req ettending phy as been signe burial-transit al, cremation	1 2010
	on de la la la la la la la la la la la la la	Conditions, if any, which (b) gave rise to immediate ceuse
	or after the burial	(a), stetring the underlying DUE TO
	the the buri	causa lasi. (c)
	YSICIAN: The law requires that hospital or attending physician. The secretizate has been signed by the r use as the burial-transit permit. The prior to burial, cremation, or remo	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	HYSIC hosp certif or use prior	3 Sentily a Cartine Collins Collins
	T A A	PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS?  PERFORMED?  PERFORMED?  YES NO  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTION CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTION CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTI
	NG PF by the fter this ched fo	
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State)  Hour a.m. While Not While factory, street, office bldg., etc.)
	TEND retaine IOR: / be det	Hour a.m. While Not While factory, street, office bldg., etc.)
	TTEN retair TOR: I be d	21. I certify that (1) (this hospital) attended the deceased from 1967 to 1967 to 1967 that (1) (we) last
	- P() - m	saw the deceased alive on
	OR Amay but but but but but but but but but but	22a SIGNATURE 22b DATE
		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
	PITA Page ERA with	22c. PHYSICIAN'S   22d. ADDRESS
	NIN P	NAME (Type) R. Amarillo   Sharpsburg, Maryland
	O HOSPITAL death. Page 4 IO FUNERAL director, page 5 be filed with th	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
	ပ်နှင့် မှုတ်	REMOVAL (Specify)
	Fel c.	Rurial 1/11/09 Samples Manor Cemetery Samples Manor, Maryland  24 Funeral/birector's, signature // Address   250. REC'D BY REGISTRAR'S SIGNATURE
	VR ATS (4)	Harpers Ferry,
	20M 5-63	West Va. 25425 JM 1 1969 VCISWE 1
	401	The state of the s

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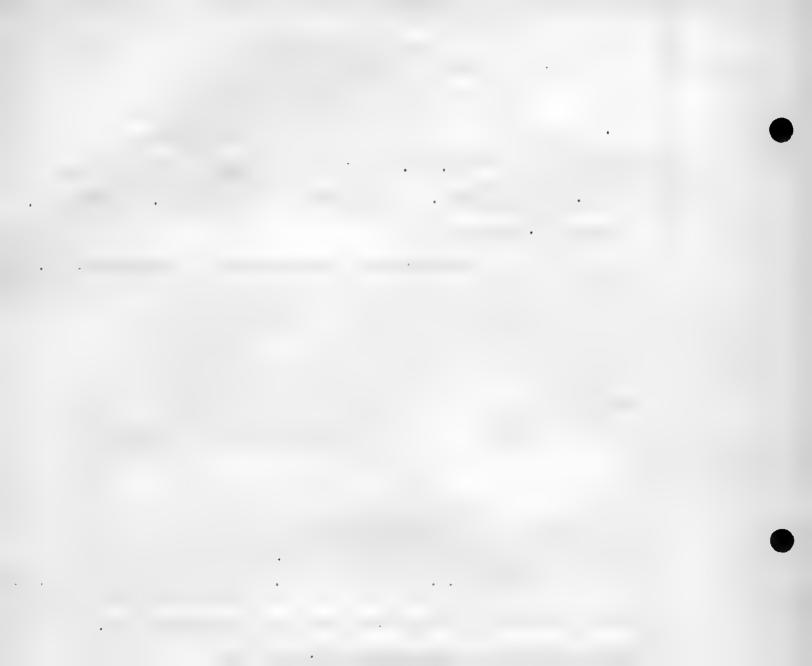


1	1		DIVISION				N STREET, BALL		ARYLAND	21201			
FOR STATE		162					ERTIFICATE					1318	
HEALTH DEPT.		ECEASED NAME	First		M de		cost		2a. D	ATE KNOWN	Month	Day Year	2b HOUR
***************************************	(	Type ar Print)	Juni	er Lew	orth L	inten			DE	OF ESTI-	1-12	- 69	12:30
	3 5	EX 4	RACE	S DATE OF BI	RTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24	HRS 2c Di	ATE PRONOUNCE			2d HOUR
ny deloy 2 and 3 2 and 3 2 and 3	ma	le v	white	3-9-1	928	40 YR	MONTHS OAYS	HOURS	Min A	1-12-	Day	Year 169	2 Am
E COLLARS		B RTHPLACE (Stote of		b. CIT ZEN OF W	HAT COUNTRY?	8. M	ARRIED NEVER MA	RRIED 7	COUNTY 0				
2 2 2	caun	red.	Co.	USA		1		ORCED 🔲		shing			M.
专员手人		ITY OR TOWN OF E		11. /	TAME OF HOSPITA	L OR INSTITUTED	N (if nat in haspitai	12a USU	IAL OCCUPAT	ON (Kind of w	rork dane	12b KIND OF BUS	
the we had		lagersto					Co. Hos					Contra	cter
hours ofter deoth Item 18 Give Pages Office olong with fo Iand 2 with the State after death	130	USUAL RES DENCE dmiss an) STATE D	(Where deceased)	ed Eved, if instit	vitan Residence	before 13c (II Smi	thsburg		144	RFD			
INER: This cert ficate should be executed within 24 hours ofter death e certificate, writing the word "pending" in penal in Item 18 Give Page should be forwarded to the Chief Medical Examiner's Office along with files.  3 should be used as burial-transit permit. File pages land 2 with the Station, or removal, and in any event within 72 hours after death	14. F	ATHERS NAME Jar	nes W.	Linte		Last	15. MOTHER'S MA	DEN NAME H	First azel	I. Gr	ddle	Los	t
d w thin 24 in penal in Examiner's Examiner's File pages in 72 hours		WAS DECEASED EVER	IN U.S. ARMED F	ORCES?	166 SOCIAL SEC	UR TY NO 4-5649	17 INFORMANT			ADDR			
I w'th n pent Exami File p	1	eye s unknown	(II, AMPSAMA	wer of doles of service)	212-2	4-5047	Hazel	I. Gre	een	Thur	mont,		
be executed with pending in period Examiner Medical Examination of the permit. File event within 72		18. CAUSE OF D	EATH (Enter on)	y one couse per	line for (a), (b),	and (c) }						APPROXIMATI BETWEEN ONSET	E INTERVAL F ANO CEATH
be executed "pending" in inet Medicol onsit permit.		PART   DEA	ATH WAS CAUSED IMMEDIA	) BY: .TE CAUSE (a)	Suffoca	tion fr	om smoke				F	ew minut	es
end ent		8 70	X	DUE TO, O	R AS A CONSEQU	ENCE OF							
be hiel		Conditions, if any		(b)	lst. &	2nd. de	gree burr	s_of_e	ntire	body			
ony		stating the unde		DUE TO, O	R AS A CONSEQU	ENCE OF							
te should be e the word "per d to the Chief! a buriol-tronsit and in ony ever		last	,	(c)									
is cert ficote sho te, wr ting the w forwarded to the ne used os a buri removol, and in		PART 2 OTHER SIG	SNIFICANT CONDI	ITIONS CONTR BU	TNG TO DEATH B	Bul NOT RELATES	TO THE TERMINAL I	DISEASE OR CO	ND 1 ON GIV	EN IN PART I(o	)		
cert fi	NO.I	19a. DATE OF OPE	RATION		19b. CONDITIO	N FOR WHICH O	PERATION					20. AUTOPS	Y?
e us	CERTIFICAT ON				WAS PERF	ORMED?						YES	NO 🙀
This ficate, be for or rer	CERT	210 EXTERNAL CA	USE WAS	216 TIME O	F NuURY Manth, (	Day, Year	21c HOW INJURY O	COURRED (Ente	r nature of i	n ury in Part 1	or Part 2, It	em 18.)	
INER: The e certification is should build build build build build build as should atton, or	EDICAL	PRIMARY A OR CAUSE OF DEATH	CONTRIBUTING [	HOUR A	M. 1-12-	19 60	Burned i	n emal	1 cha	ck (hi	s home	e)	
		21d "NJURY OCC.		PLACE OF IN JRY	(At home, form,	street,	Burned i	or R F D. No.		City or Town		County	State
CAN te ti ge 4 ge 4 age crer		WHILE NOT	WHILE WORK	tory, office buildi	ng, etc.)	g	mithehure	RE	ח.	Wash	ringto	n MD.	
Page Page No.		22o 1 ce	ertify that I to		the remoins d		ve, held on Auto				nquiry	, ond in m	ny opin or
DEPUTY BICAL EXAM scessory, pleose execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to burnol crem		death resu	alted fram	Natural con	uses 🔲 , A	ccident X,	Suicide [],	Hamicide	□, υ	ndetermined	manner		
please d'recti d'rectine retoine or to b			15	01	- X		CHI	IEF MEDICAL E)	KAMINER				
TY pleosi rol d'rec se retoin (AL DIRE		ACTUAL SIGNATURE	1/2	v Al	las	<u> </u>		SISTANT MEDICA			226 DATE		
PUT Sory Sory Sory V be V be V be N be		EXAMINER'S						PUTY MEDICAL			1-13		
TO DEPUTY  necessory, the funeral 5 may be for EUNERAL Health pri				W. DITT			5 W. WASP	o red came and					
01 = ± 20 ± ×	230	BURIAL CREMATIC REMOVAL (Specify		DATE			Y OR CREMATORY			TON (City or To			State)
n l		Burial  EUNERAL DIRECTOR		-15-69			ge Cemet	2So REC'D		mont		d. Co.	TIU .
VR ATSMELS	1/5	A A A A A A	154	R	aymond	E. C1	eager	DATENA N		969	REGISTRAR'S	les Judg	ic.
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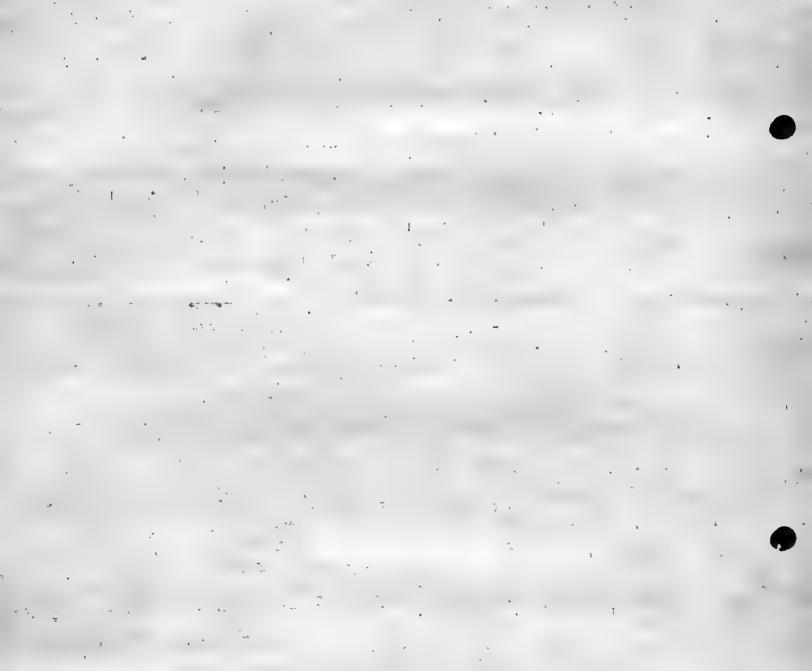




		NND STATE DEPARTMEN S 301 W PRESTON STREE	NT OF HEALTH ET, BALTIMORE, MARYLAND 21	1201
01625		CERTIFICATE OF D		31618
1 DECEASED-NAME (Type or print) Orr		Magaha	2a. DATE OF DEATH  1 Month	5 Day 69 Yeor Zb. HOUR
3 SEX female	4 RACE white	S DATE OF BIRTH July 1		edis IF UNDER YEAR IF UNDER 24 HRS ay) MONTHS OAYS HOURS MIN YRS.
7o, BIRTHPLACE (State or foreign country) Pa	76. CIT ZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIES WIDOWED DIVORCED		n Md
1D. CITY OR FOWN OF DEATH Hagerstown	grwatreet address) Co		120. USUAL OCCUPATION (Kind of war during most of working life, even if r	k done etired.) 126 KIND OF BUSINESS OR INDUSTRY FOOMLING hous
13a LSUAL RESIDENCE (Where dece	ased lived, if institution Residence before 13b COUNTY Wash.		INSIDE CITY LIMITS? 13e STREET AND NUMES NO 26 E.	Franklin St.
14 FATHER'S NAME First George	W. Sellers	IS MOTHER'S MA DE	N NAME First N	Aiddle Lost
16a. WAS DECEASED EVER IN U.S. AI Yes, na, or unknown) (If yes greet	RMED FORCES? wor or dotes of service)  16b SOCIAL SECURI 220-16			erstown, Md.
PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUENCE	my thro	lavoris	APPROXIMATE INTERVAL BETWEEN OBSET AND DEATH MELLINE M.
stating the underlying couse		of RELATED TO THE TERMINAL DI	SEASE OF CONDITION CIVEN IN PART 16	yoz,
NO	o. CONDITION FOR WHICH OPERATION WAS			NDINGS CONSIDERED IN CERTIFYING
OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Month Day Ye	or 19	RED (Enter nature of injury in Port 1 or	Port 2, Item 18.)
While Nat wh.le	PLACE OF INJURY (AT HOME FARM STREET OFFICE BUILDING, ETC.		R F.D. No. City or Town	County State
sow the deceased	his hospital) attended the deced alive on	1957 and that in (mv) (	, 19 <mark>00</mark> , ta/ 0 (our) apinion death accurred on	the date and hour and from the
22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type) D.	J. JOYER, N. D.	DEGREE ATTENDING PHYS	MED STAFF CON DIRECTOR DIRECTOR STAFF	t, Hagerstown, Md.
EWOYALI Specify) 1	-8-69 Rest	F CEMETERY OR CREMATORY  Haven Cemete	23d LOCATION (City or Tow	, ()
24 FUNERAL DIRECTOR Minnich Fune	ral Home Hage	rstown, Md. DM	RECD BY REGISTRAR 256 PHO	TRAR SE GNAPERE

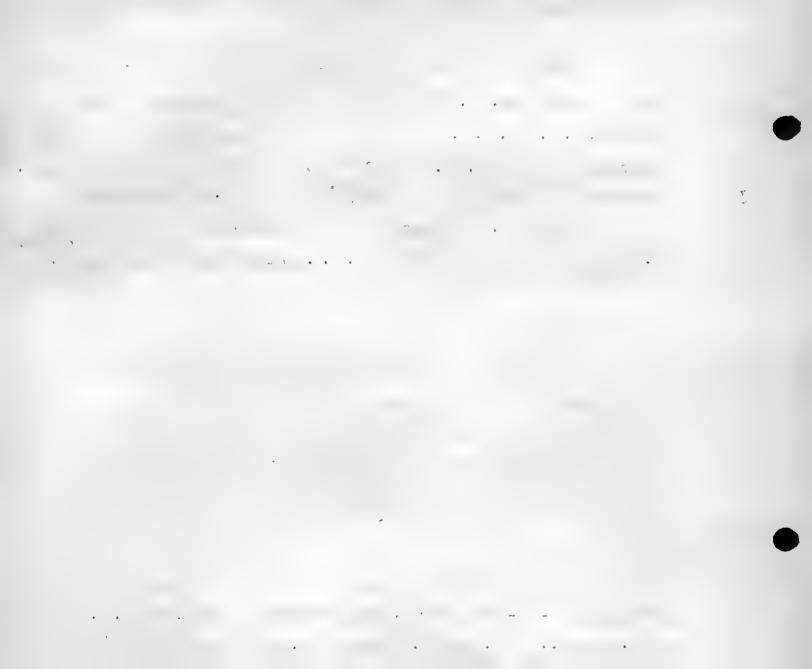


. 1	1	MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		0.1.9.2.3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01619
HEALTH DEPT.	1 D	DECEASED-NAME First Middle Lost 20 DATE KNOWN TO Month D	lov Yeor 2b HOUR
	(	Type or Print	2 1969 857
lay is 13 to Poge ent of	3 \$	EX 4. RACE S DATE OF BIRTH 6 AGE IN years I F LINDER 1 YEAR F LINDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
ny delay 2, and 3 PM3 Po		M W AUG. 28. 1900 88 YRS MONTHS DAYS HOURS MAN Month 1 Doy 2	19 69 8:30 M
C AMPR		BIRTHPLACE (Stote or foreign 76 (ITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form form		WASHINGTON U.S.A. WIDOWED DIVORCED WASHINGTON	Md
ter deoth Give Pages ong with foil the Stote	10 (	(due no extent indicate)	26. KIND OF BUSINESS OR IDUSTRY
r de live g w	10	HANCOCK HOME LABOR	
hours after deoth Item 18. Give Pages 1, Office along with form and with the State De	130	CHAIL TABLE OF THE TOTAL T	u e
de de la companya de	-	FATHER'S NAME First Middle Lost IS MOTHER'S MADE First Middle Lost IS MOTHER'S MADE First Middle	Lost
2 2 5 5 6 E	' '	WILLIAM MANNING SARAH	SOUDERS
within 24 hours a penc'l in Item 18. caminer's Office all le pages and 7.2 hours offec dec	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	00000
with:	()	Yes, no, or unknown) (Hyss give wor or doffes of service) 220.10.3302 WILLIAM & MANNING HANCOCK	MD.
EX EX		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
xecute nding ' Wedical permit it withi		PART I DEATH WAS CAUSED BY Coronary occlusion	Sudden
be execut "pending ief Medio nsit perm		410 7 DUE TO, OR AS A CONSEQUENCE OF	
be hief		Conditions, if only, which gove the course (o). (b) Athrosclerotic heart disease	Years
should be e the word "per to the Chief I burial-tronsit		stoting the underlying couse Due TO, OR AS A CONSEQUENCE OF	
she v to the to the to the to the to the the the the the the the the the the		lost (c)	
INER: This certificate should be executed within 24 hours after death e certificate, writing the word "pending" in pencil in Item 18. Give Page should be forwarded to the Chief Medical Examiner's Office along with files.  3 should be used as a burial-transit permit File pages and Twith the Station, or removal, and in any event within 72 hours offer death.		PART 2 OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rertifi orward used c imovol,	NOIL	190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
for y	CERTIFICATION	WAS PERFORMED?	YES NO
rerificate, certificate, nould be fores.  should be to should be to from the control of the cont		210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, item	1 18.)
NER: To certificate hould be ales. should ition, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19	
	₩.	21d INJURY OCCURRED 21e PLACE OF N.URY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
EXAM ute th uge 4 your Your Page		WHILE AT WORK AT WORK	
ICAL E) execution Page ed for y CTOR: Purial,		22a   certify that   taak charge of the remains described above, held on Autopsy   Inspection   Inquiry	and in my apinion
Se e contraction de la contrac		death resulted from: Natural causes 🔣, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner	
please e I director retained DIRECT or to bu		ACTUAL CHIEF MEDICAL EXAMINER CONTROL 226 DATE SI	CHED
EPUTY essory, ple funeral di nay be reta JNERAL DI		SIGNATURE MD ASSISTANT MEDICAL EXAMINER DEDICAL EXAMINER	/4/69
o DEPUTY DICAL IN INCESSORY, please executive functional director Possory be retained for Deuveral DIRECTOR: Health prior to burial,		NAME (Type) Howard N/. Weeks  ADDRESS (Street city, town or county) Washir	
TO DEPUT necessory the funer 5 may be TO FUNERA	230	D. BURIAL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CAMMATORY 23d LOCATION (City or Town)	County) (State)
9			HINGTON MD
E. mar	24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 STO	
VR A15ME (5) 10M REV 1/68		Howard of Gune Hancon and DATUAN 8 1969 goland	as surge

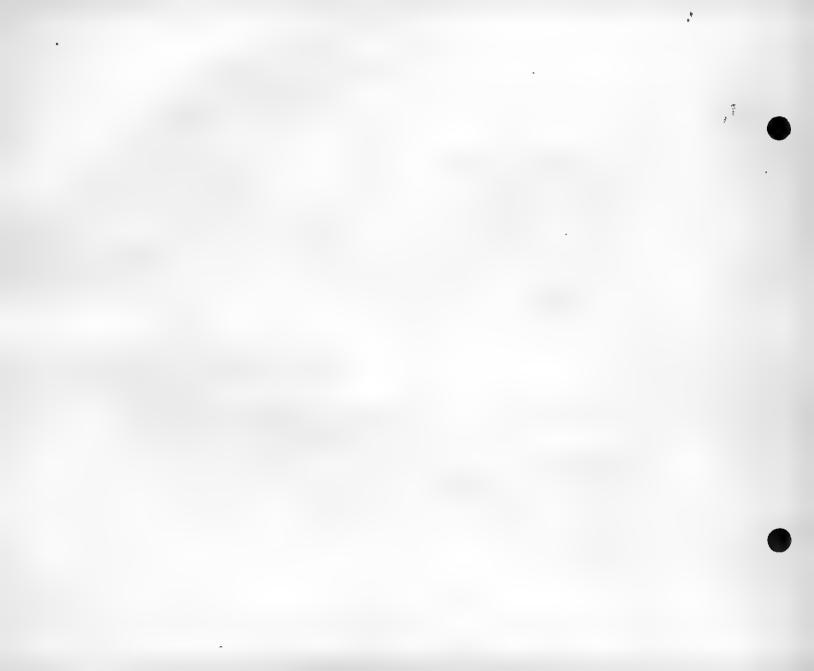


	MAKTLAND STATE DEPARTMENT OF HEALTH
FOD CTATE	1 /2 // KK DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	Iten#13c, b, Re, FilmoMEDIGAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAME 20 DATE KNOWN Month Doy Year 2b HOUR (Type or Print) OF ESTI-
loy is Poge Poge	harold Stuart Marsh DEATH MATED 1- 10- 19 59 1/-1
deloy is and 3 to 13. Poge ment of	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (in years If UNDER 14 YEAR IF JANDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUS
ny deloy 2, and 3 PM3: Pog	Male White Dec. 11, 1907 61 YRS WORLD January 18, 19699 1:50
1 138 lb	70 BIRTHPLACE (State of foreign   75 CT.ZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED X   9 COUNTY OF DEATH
	Washington, D. C. U. S. A. W DOWED DIVORCED Washington M
# g# \s	10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
fer deoth Give Pages 1, and with form th the Statie	Boonsboro give street oddress)  Md. Rt. 67 Rural Boonsboro Labor (Road Maint.
at the second se	130 US.A. RESIDENCE (Where deceased lived, it you tuting. Residence before Like CITY, OR TOWAL, 3d INSIDE CITY LIMITS? 13e JSTREET, AND NUMBER
s offe	dension) STATE IN COUNTY OF THE NO IN THE NO IN THE NO IN THE STATE NO IN THE NO IN THE NO. IN THE
hours ofter death literal Give Page office a.org with lond2. The Sto	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	Harold H. Marsh Issabelle Rose McDonald
thin 24 neil in miner's pages haues	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ABOUS? Fort Hunt, Rd.
	(Yes, no, or unknown) (If yes give war or dates of servee) Unknown Mr. P.W. Spalding Marsh, Alexandria, Va.
should be executed write word in period to the Chief Medical Example burial-transit permit, File I in any event within 72	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL
tufe bico bico vith	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) CYUShed Chost  Sudden
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is c for for	WAS PERFORMED?  YES □ NO X
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INER should shou	21d NourY OCCURRED 21e PLACE OF INJURY (At home form street 21f IOCATION Street or RED No. City or Town County State
KAMINER: te the certi ge 4 should your files. oge 3 shoul cremation,	AT WORK AT WOR
□ □ ° · · · ·	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinior
ICAL   Exector For Port of For	death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined monner
d rectol d rectol black  black  creatined  black  b	CHIEF MEDICAL EXAMINER
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UTY.	SIGNATURE TO THE MEDICAL EVANUES OF
D DEPUTY necessory, if the funeral S may be r D FUNERAL Health prie	NAME (Type) HOWARD N. WEEKS ADDRESS(Street, city, town or county) HAR-CYSTONAL MISS. M.D.
ro bePUTY necessory, the funera 5 may be ro FUNERA Health pr	230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (State)
	Cremation 1- 20- 69 Fort Lincoln Crematorium Washington, D. C.
0.0	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR 5 SIGNATURE
VR A15ME (5)	John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. MAN 2 2 1969
CONTRACT TOOL OF	

4 \*



1	MAKYLAND STATE DEPARTMENT OF HEALTH	
1	10.18.28	
1	CERTIFICATE OF DEATH	1021
		2b. HOUR
3. 5	FOMOLO WITH 10 15/22/1909 lost buthday) MON	NOER I YEAR IF UNDER 24 MRS. THIS DAYS HOURS MIN.
	BIRTHPYACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	7) Md.
10	GIT OR JOWN OF DEATH 11. NAME OF HOSPITAL OPTIGHTUTION OF not in hospital 12a USUAL OCCUPATION (King of work done 1)	2b. KIND OP BUSINESS OR
		St.
14	FATHER'S NAME First MODILE Wist 15 MOTHER'S MADEN NAME First Middle	Lost
160	1. WAS DECEASED EVER IN-L. S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT K. Martin - Marigan	soulle Mel.
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) LO CILLE 2 PARTIE MARINE	2 w/4,
	Conditions, if any, which gave trise to immediate couse (a).	2hm
	stating the underlying cause (c) 12 cm by 76cf mid fracing	2413,
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
TELCATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSI	DERED IN CERTIFYING
	216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item OR CONTRIBUTING CAUSE OF CEATN HOUR A.M. Month Doy Year	18.)
QJ	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town Co. While   Not while	ounty State
	220. I certify that (I) (this haspital) attended the deceased from	, that (1) (we) lost
	couses stated above, (i) (we) (did) (did not) view the body after death.	
	Cloud Hough and DEGREE PHYS DIRECTOR DI	30/69
	22d. PHYSICIAN'S 1= 1 Jun & Hoachlander 22e. ADDRESS & Ggantown m	1-
23 a	ADRIAL CREMATION 236 DATE 230 NAME OF FEMETERY OR CREMATORY 234 LOCATION (City or Count) (C)	aunty) (State)
24.	FUNERAL DIPSCTOR PROGRESS PROGRESS 2547 THOUSEAST SIGN	Questa e:
	3. 5 7 70 coc 10 10 130 adm	S. SEE MACE   ROBERTH   S. DATE OF BRITH   S. DAT







1		04001	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA		01624
7		01631		CERTIFICATE OF DEATH	<u></u>	
를 들 <sup>2</sup> 를	1 21	CEASED NAME First ype or print)		Last	2a DATE OF DEATH Day	Year 2b. HOUR p
24 haurs after death ad-in, by the funeral ppers. Pages 1 and 72 ours after death	L_	WILLIAN		Memillen	JANUARY 21	69   1:25M
ter to s 1 fter	3 SE		4. RACE	S. DATE OF BIRTH	6 AGE (In years lost birthday)	F JINDER 1 YEAR  JF UNDER 24 HRS. MONTHS DAYS HOURS MIN
urs after		MALE	WHITE	DECEMBER 2	7, 1893 75 YRS.	DOM:
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in 2 miles	10. (	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II give street oddress)	NSTITUTION (If not in hospital 120, US	SUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
within tilk filk bon power pow		HAGEPSTOWN	318 WASTSI	DE A.E. 3E	mast of warking life, even if retired) TIRED SUPT.	BAKERY
ent the w	130	USUAL RES DENCE (Where deced	sed lived, if institution: Residence before	13c CITY OR TOWN 13d. INSIDE CIT	Y UMITS? 138 STREET AND NUMBER	
cam aave y ev	OBILL	USUAL RES DENCE (Where deceor ssion) STATE MANY LAND	) 13b. COUNTY WASHINGTON	HAGERSTOWN YES	NO□ 318 WESTSID	E AVE.
and creme	[4.]	ATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME		Lost
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t the sit posts		Conditions, if any, which gave rise to immediate couse (a),	(b) Certerie	selventer 10	lear risease	1248060
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s be as as as	CERTIFICAT:ON	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS F		20b IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
The ratter that has	FE			YES NO		
YSICIAN: aspital or certificate hed for u		210. ACCIDENT WAS UNDERLY!			nter nature of injury in Port 1 or Port 2,	Item 18.)
SICE Partification of the parties of	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	iner) P.M.	19		
HY backs ach	~	21d. INJURY OCCURRED 21e While Not while	. PLACE OF INJURY (AT HOME FARM, STREET, F	ACTORY) 21F LOCATION Street of R.F.D.	No. City or Town	County State
G PHN the he r this controlled		While Not while at wark		11 10 10	1. 1/22	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DIN by be Sta		22a. I certify that (I) (III	his hispital) attended the deceo	sed from (G), 19 1964, and that in (my) (KW) c body after death	venian death accurred on the do	the and hour and from the
R. Jee		causes stated-abav	e, (i) (www./did) (did.not) view the	body after death	pinian deaph accorred an the ac	ne one noor and nam me
AF Short		22b SIGNATURE	<u> </u>	ATTENDAMO	22c.	DATE SIGNED
OR De r	1	close	2 Summer	DEGREE PHYS T	MED STAFF DIRECTOR PHYS.	/23/69
AL CAL		22d. PHYSICIAN S NAME (Type)		22e ADDRESS	mowaa am IIA 2000 am	IOTEL ME
SPII 4 m d b	L	NAME (Type) 3EDS	e Jenning, M.D.	318 N. PO	TOMAC ST., HAGERST	OAN, MD.
Page 4 may be retained by the haspital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. of Health prior to burial, creating to the control of the burial of the control o	230	BURIAL, CREMAT ON, 23b		F CEMETERY OR CREMATORY	23d LOCATION (City or Tawn)	(County) (State)
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30M REVIVER		haves micages	HAJEKSTOW	N, MARYLAND DATE		

MAKTLAND STATE DEPARTMENT OF HEALTH





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		0163	DIVISION OF VITAL REC			LTIMORE, MARYLAND 212	
	1	ECEASED NAME First	11.11		CATE OF DEATH		01626
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hin 24 filled pape thin 77	10 (	CITY OR TOWN OF DEATH	U.S. 17.	AL OR INSTITUTION (If n		EURShing	ton Md
	برا		give street address)		duting	most of work ng life, even if ret	done 12b. KIND OF BUSINESS OR INDUSTRY
d with detely arban nt, with	130	USUAL RESIDENCE (Where decease	d lived, if institution, Residence	before 13c (Iff OR	TOWN 13d INSIDE CITY	elder Y 1 MITS? 138 STREET AND NUME	
e execute ond compli	odm	ission) STATE	13b. COUNTY		YES	NO C	DEK
The second secon	14	Maryland FATHER S NAME First	Washington Middle		MOTHER'S MAIDEN NAME	A RILLA	ldle Lost
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rite ciam ease and	160	WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SI	ERUR TY NO 17	INFORMANT	deughter Add	1855 PAIRPIAU
ertificate physiciam physiciam nen please		'es, no, ar unknawn) (If yes give wor	or doles of service)	0-6807 7	175. NANCU	younghland	
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affe affe has	CERTIFICATION	nosat			YES THE NO	CAUSES OF DEATH?	
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.  DIRECTOR: After this certificate has been signed by the attending physician pla 3 should be detached for use as the burial-transit permit. Then pleased with the State Dept. at Health prior to burial, cremation, ar remayal, and	¥	21d INJURY OCCURRED 21e P	LACE OF INJURY (AT HOME, FARM OFFICE BUILDING	STREET FACTORY.) 21f LO	CATION Street or R.F.D. N	lo City or Town	County State
de the property of the propert		of work — of wark —				10 1 1	10
by Stat		22a. I certify that (1) (this	hospital) attended the c	deceased from	JOUC, 19	6/, to Jon 6	
ENI Ped Ped Plant Ped Plan		saw the deceased alm	ve an Jak 3 (i) (we) (did) (did not) vie	2 19 <b>Ce</b> / and	i that in (my) ( <del>our) o</del> f leath	pintan death accurred an t	he date and haur and fram the
A Paragraph A Para		22b-SIGNADURY	(7 (me) (did) (ard not) ne	THE DUTY GITE C	is dire.		22c DATE SIGNED
OR DE LA			Trelast	DEGR	EE PHYS	MED STAFF DIRECTOR PHYS	1-6-69
AL JAD Sogge Fille		22d PHYSICIAN'S	755	. /	22e. ADDRESS	DIRECTOR - PINIS -	111.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by a directar, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages the June of the difference of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the please remaves.		NAME (Type)	= 104r	Kit	Cl	illiamsa	Dort Illd.
HO FUN FUN	230	BURIAL, CREMATION, 23b. DA		AME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Hown	) (County) (State)
5 5 5 4 V				anor Cemet	ery	Tilghmanton,	Wash Co., Md.
VR AIR DA		FUNERAL DIRECTOR		ADDRESS	2So REC D	8Y REGISTRAR 250/7995	TRAR SAIGNALIST
45M 1/604	Jo	hn H. Bast, Jr.	112 N. Main	St. Boonsb	oro, MONAN	T 0 1202	



2/ 1	1			ND STATE DEPARTMENT OF T , 301 W. PRESTON STREET, BALT		
1-		11631		CERTIFICATE OF DEATH	IMIORE, MARTLAND 21201	01821
funeral		DECEASED-NAME First (Type or print) Mary	Middle NMN	lost Moore	2g. DATE OF DEATH  1 Manth 17 Day	2b HOUR
	3 5	female	4. RACE White	S DATE OF BIRTH  July 4, 1	900 6 AGE (In years YRS	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
d in by the person of the pers	7a cat	8IRTHPLACE (State or fore.gn //	USA	8 MARRIED NEVER MARR ED WIDOWED DIVORCED	9. COUNTY OF DEATH Washington	Md
filled within 7		city or town of death <b>Hagerstown</b>	II NAME OF HOSPITAL OR IN	STITUTION (if not in haspital Hospital during m	AL OCCUPATION (Kind of work dane	125 KIND OF BUSINESS OR INDUSTRY
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be execut and com e remave in any ev	14	FATHER'S NAME First  John I.	Middle Lost Harpe	IS. MOTHER'S MA DEN NAME F	rst Middle P. Pigg	Last
ertificate b physician pen please aval, and i	160	WAS DECEASED EVER IN U.S. ARMET	D FORCES?  16b SOCIAL SECURITY or dates of service)		Address	n, Md.
at the death c the attending ssi permit. The mation, ar rem		Canditians, if any, which gave inset a immediate cause (a) stating the underlying cause last	ane cause per one far (a), (b) and (c)  AUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONSEQUENCE OF	1 arleunel	ensel eccusel	APPROXIMATE MITER VAL BETWEEN DASTE AND DEATH
The faw requarted attending plants been signed as the but the prior to but	CERTIFICATION		NOTION FOR WHICH OPERATION WAS PE	OT RELATED TO THE TERMINAL DISEASE ORC  REFORMED 20a. AUTOPSY?  YES NO	ONDITION GIVEN IN PART I(a)  20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
YSICIAN: aspital ar certificate hed for u	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner 21d INJURY OCCURRED 21e, PE		9	nature of injury in Part 1 or Part 2, II	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre.		While Not while at work at work at work 10 Nhis	OFFICE BUILDING, ETC.	ed fram 19 (aur) april 9 (aur) april bady after death.		County State  7, that (I) (we) last e and haur and from the  ATE SIGNED  98-69
HOSI age 4 FUNE lirectal	23 a	BURIA_ (REMATION 23b DA		CEMETERY OR CREMATORY	23d tOCATION (City or Town)	(Caunty) (State)
•	h	BUTH (PT (y) 1-	1969 Bethe	sda Cemetery 25g. REC'D B		IGNATURE
VR A15 (4) 45M 1/69	M	innich Funera	1 Home Hagerst	own Md. DATE		wes Judge



1.1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	© 1 3 3 0 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1028
HEALTH DEPT.	I DECEASED NAME First Middle Lost 20 DATE KNOWN   Month Day	Year 25 HOUR
× 28 2	(Type or Print) Hoyd Edward Munson, Sr. DEATH MATED - 16.	- 1960 A. M
© # (₽ \ F)	3 SEX 4 RACE S. DATE OF BIRTH 6. AGE IN years IF UNDER 1 YEAR IF UNDER 24 HRS 2C. DATE PRONOUNCED DEAD	2d. HQUR
8 8 4 1	Male White April 25, 1912 56 YRS MONTHS DAYS MGURS MIN Month Day 76-	Yeor 19 69 A M
any 2, 2,	70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED STNEVER MARRIED 9 COUNTY OF DEATH	
deoth an with form with form	COUNTRY Agers town USA WIDOWED DIVORCED Washington  10 CITY OF TOWN OF DEATH  11 NAME OF MOSPITAL OR INSTITUTION (If not in bosented 1/20, USUAL OCCUPATION (Kind of work done 1/20)	Mc
oge the f		KIND OF BUSINESS OR
The wife de	Hagerstown give street address? Alem Ave. during most of working life; even if retired) INDI	ircraft
ofter death 18. Give Pages along with for with the State death	13a USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c C.TY OR TOWN	
de W al	odmissipplatafland 136 Washington Hagerstown YES ≥ NO 1364 Salem Ave.	
hours offer doots fem 18. Give Pog Office along with and with the Sic	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
- I = 10		Kriner
hin 24 noil jii nuner pogs hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	(Yes, no, or unknown) (Il yes give wor or dates of service) 213-10-6831 Mrs. Irene Munson 1364 Solem Ave. Ho	
be executed with pending" in pending" in pending Examinate Examinate Examinate France insit permit. File event within 72	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" ir inef Medical I insit permit.	PART I DEATH WAS CAUSED BY:  IMMED ATE CAUSE (o) Self inflicted pun shot wound of chest.	Instant
exe endi Me t pe t pe	Conditions, if ony, which gove )	
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ony	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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this certificate tote, writing the be forworded it be used as a fur removal, and	N C	T
wr wr nov	190 DATE OF OPERATION 196 COND TION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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TE TO TE .	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1 HOUR A.M.	8.)
e certif should files. 3 should ation,	PRIMARY TO OR CONTRIBUTING HOUR A.M.  8:20 1-16 1969 Self inflicted gun shot wound.  21d NURY OCCURRED 12 is PLACE OF INNURY (At home, form, street).  21d NURY OCCURRED 12 is PLACE OF INNURY (At home, form, street).	
	WALLE MOT WALLE factory, office building, etc.)	ounty Stote
EXAMINER: cute the cert oge 4 should oge 7 should ryour files. Page 3 should tremation.	AT WORK LAI WORK LAI Home 1364 Salem Avenue Hagerstown, Washing	ton, M.
VI E Xec For Poor	22a   certify that   taak charge af the remains described above, held an Autopsy, Inspection, Inquiry,	and in my apmian
cross control of the	death resulted fram Natural causes 🔲 , Accident 🔲 , Suicide 😿 , Homicide 🔲 , Undetermined manner 🔲	
please directione birectoine birectoine or to b	ACTUAL ACTUAL CHIEF MED CAL EXAMINER CONTROL 225 DATE SIGN	
AL AL	SIGNATURE ASSIGNATURE ASSIGNATURE ASSIGNATURE ASSIGNATURE	
EPUTY SSOry, funeral oy be INERAL	EXAMINER'S  DEPUTY MEDICAL EXAMINER TX 1-17-6	9
TO DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health prior to burial, crem	NAME (Type) DR. E. W. DITTO, JR. 215 W. Washing With St. on Hagerstown, Md.	
5 = = 2 G H	DEMOVAL (Concibil	unity) (State)
	REMOVAL (Specify)  Burgal  1/19/69  Rest Haven Cemetery  Hagerstown-Washing  24 FUNERAL DIRECTOR  250, REC D BY REGISTRAR  250, REG STRAR  250, REG STRAR  250, REG STRAR  250, REG D BY REGISTRAR  250, REG D BY RE	ton-fid-
VR ALSME (SI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Judge
10M REV 1/68	Rest Haven Tuneral Chapel Hagerstown, Md. DANAN 20 1303 1	U

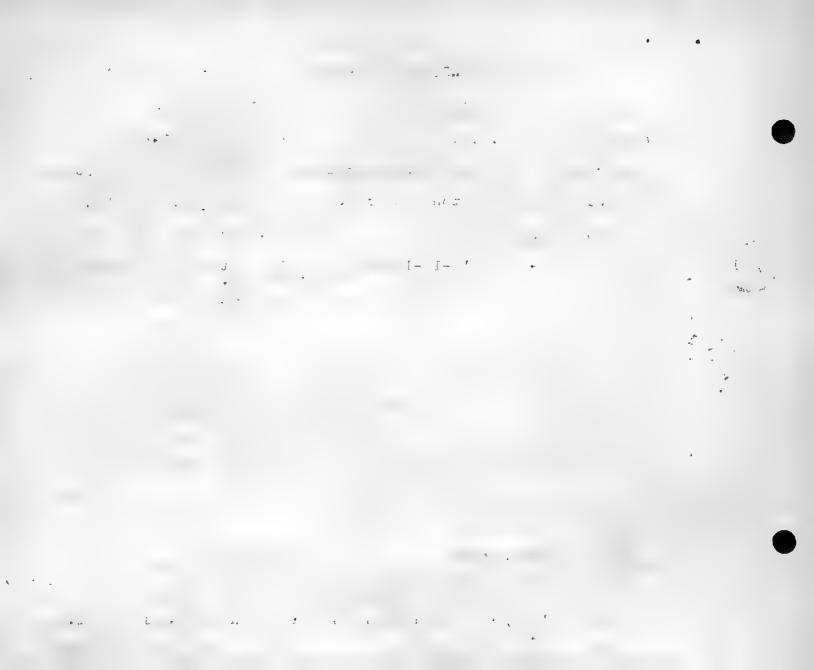
MARYLAND STATE DEPARTMENT OF HEALTH



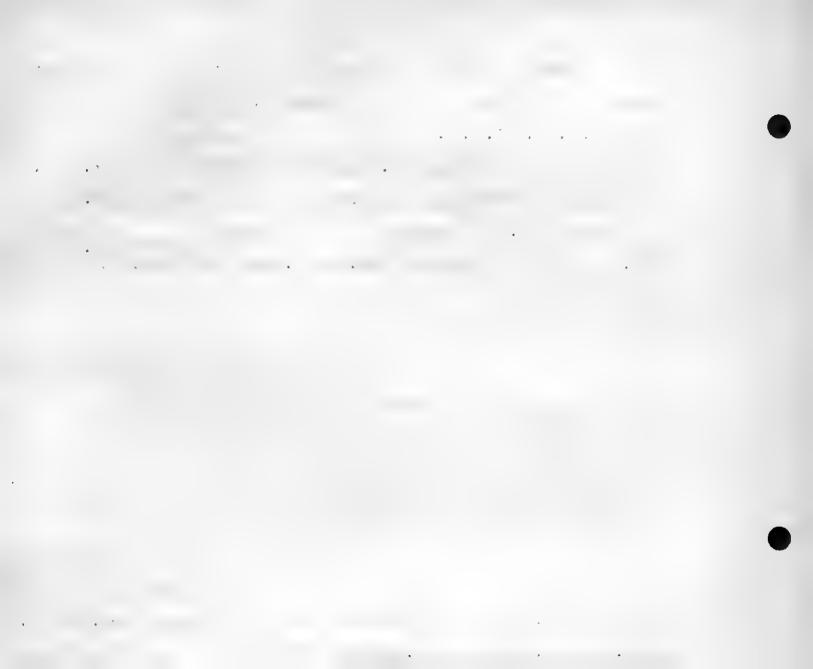
r /	lI t		DIVISION OF VITAL RECORDS	NU SIAIE DEPAKIMI 301 W POESTON STO	ENI OF HEALIN	MADVIAND 21201	0 4 0 0 =
		103.	DIVIDIO OF THIME RECORDS	CERTIFICATE OF		MARIEMAD 21201	91629
	1 D	CEASED NAME First	M·ddle	Last		OF DEATH	2b. HOUR
er death funeral	(	ype or print) Aurelia	Rinehart	Murray		Month D	ay Year
	3 Si	X	4 RACE	5 DATE OF BIR	PTH	6. AGE ( n years	I FUNDER 1 YEAR   F JINDER 24 HRS.
af af af af af af af af af af af af af a		Female	White		5 1915	1953 rthday) YRS	MONTHS DAYS HOURS MIN
aguin par da da da da da da da da da da da da da	7a.	BIRTHPLACE (State or foreign 7	b. CITIZEN OF WHAT COUNTRY?	B. MARRIED   NEVER MARK	RIED X 9 COUNTY		
n (e	L.,		U.S.A	WIDOWED DIVORE		ington	Md
ン産 1/2 mg 7/2	l	TTY OR TOWN OF DEATH Hegerstown	give street address)	NSTITUTION (If not in hospital  County Hespi	during most of work	ON (Kind of work done ing life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY RIDbon Co
# ### ### ### ### ### ################	13a	USUAL RESIDENCE (Where deceased	Eved, if institution. Residence before		Marin	STREET AND NUMBER	recoon Co.
ti li sa l	adm	ssian) STATE Md.	13b COUNTY Washingto	on Williamspor		9 E. Church	st.
	14	ATHER S NAME First	Middle Last	IS MOTHER S MAI		Middle	Lost
be nor din		John	Goddard Murra		Floren	CO	Rinehart
ATTENDING PHYSICIAN: The law requires that the death certificate be exectained by the haspital ar attending physician. CTAR: After this certificate has been signed by the attending physician and a shauld be detached far use as the burial transit permit. Then please remaint the State Dept. af Health priar ta burial, crematian, ar removal, and in any	16a.	WAS DECEASED EVER IN U.S. ARMET es, no, onjunknown) (1 yes give war	D FORCES? OF dates of service   217-07-76	NO 17 INFORMANT 461 Mrs. Ro	bert L. Tay	1300Ns.	Conocochesgue
cert 3 ph hen nov		IR CAUSE OF DEATH (Enter only	one cause per line far (a)/, (b), and (			7,12023	APPROX MATE INTERVAL
he death cei attending p permit. The		PART I. DEATH WAS CAUSED I	BY:	" 201 <i>為</i>			BETWEEN ONSED AND OCATH
dec dec rmi rmi		1744 MMEDIATE	- Criose (a)				1,4000
the a pe		Conditions, if ony, which gove	DUE TO, OR AS A CONSTOLIENCE O				12010
int / th		nse to immediate cause (o),	(b) Hu-e1	wia		1	
quires that the physician. signed by the burial transit p		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	ustized	Cavelna	breast	2413
aprin ohys igne iurio		PART 2 OTHER SIGNIFICANT CONDI	ITIONS CONTRIBUTING TO DEATH BUT				
ng I	2		nant				
bed triar	ATIO	19a. DATE OF OPERATION 19b CO	INDITION FOR WHICH OPERATION WAS F	ERFORMED 200 AUTOP			CONSIDERED IN CERTIFYING
The atternation has see a h pu	CERTIFICATION	nene		YES [	NO CAL	JSES OF DEATH?	
ate art.		21a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY OCCU	JRRED (Enter nature of	injury in Part 1 or Part 2	, Item (B.)
ICIA Ditroj d for of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.—Manth Doy Yeo P.M.	19			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the I shauld be filed with the State Dept. af Health priar ta be a shauld be filed with the State Dept.	ME	21d INJURY OF CURRED 21e PL	LACE OF INJURY ( AT HOME, FARM STREET FOR OFFICE BUILDING ETC.	ACTORY,) 21f. LOCATION Street	or RFD No	Lity of Town	County State
det the det		While Not while at work at work	***************************************				
DIN by offer be Stal		22a. I certify that (1) (11818)	Replai) attended the decea	sed from 8-29	, 19_66, to_	Jan. 15	9 <u>69</u> , that (I) (%) lost
R: A		causes stated above.	(l) ( <del>ye</del> ) (did) ( <b>delent</b> ) view the	, מונים המונים מונים ליני. e bady after death.	) <b>form)</b> obtation deor	n occurred on the d	ate and hour and from the
ATI Patai		22b_SIGNATURE	n n n	/		220	DATE S GNED
IRE OR			1320165t	DEGREE PHYS	MED DIRECTOR [	STAFF PHYS	1-16-69
AL Day b		22d PHYSICIAN'S	- Allenan	22e, ADDR	ESS, ,		4
ERA DIT, 19 d be		NAME (Type) ME.	Burkit	$\mathcal{U}$	illidmax	20vt IV	d
HOS ge 4 ectre	23 a	BURIAL, CREMATION, 23b. DA		F CEMETERY OR CREMATORY		ATION (City or Town)	(County) (State)
5 0 9 6 W	Bı	REMOVA (Specify) Jan.	. 17-69 Green	lawn Cometery	Wil	liamsport	Washington Md.
, 5K	24	FUNERAL DIRECTOR	ADDRES	S	25a RECD BY REGISTRAF	25b REGISTRAR	S SIGNATURE
VR A15 (4) 45M - 1/69	-	Albert L. Leaf V	Williamsport Md.		DATE AN 20	1969 picco	wer ymose



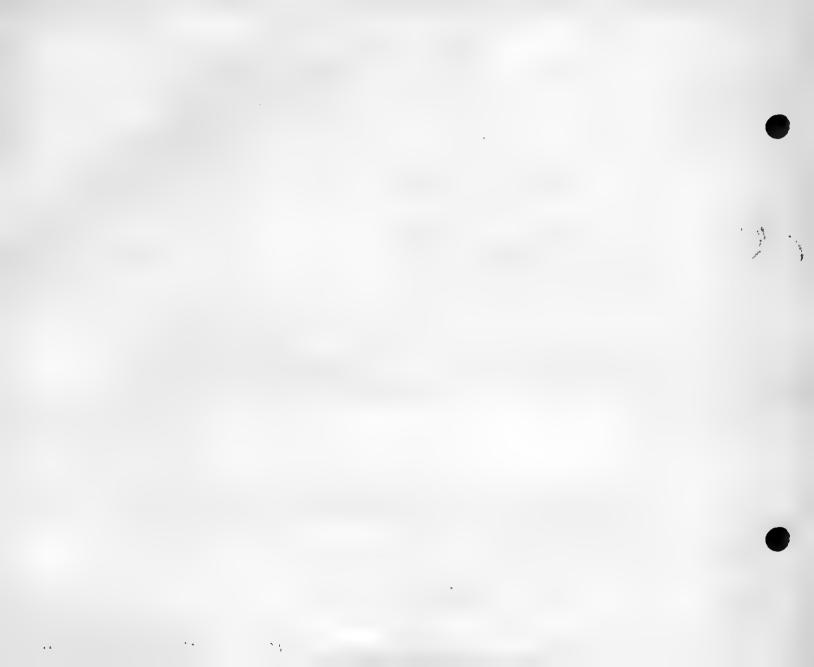
	Itam sa gain silin		STATE DEPARTMENT OF		
	TATANCTOR DIVIS		01 W. PRESTON STREET, BA		0.4.0.0.0
	.0100 *		ERTIFICATE OF DEATH		21320
death neral and 2 death.	1 DECEASED-NAME First (Type or print)	Middle	Lost	20 DATE OF DEATH  Month Day	Year 2b. HOUR
unera l and r deal	JAMES	RANDOLPH	MURRAY	January 20'	1969   3 "
frer free	3 SEX 4 RA	CE	5 DATE OF BIRTH	last birthday)	IF UNDER I YEAR IF JINDER 24 HRS. KONEHS DAYS HOURS MIN.
5 T. T.	Male	White	June 21	1914 54 YRS.	
■ 章 七/理/	country)		8. MARRIED   NEVER MARRIED	9 COUNTY OF DEATH	
24 per uper uper uper uper uper uper uper	Maryland  NO CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED	Washington GUAL OCCUPATION (Kind of work done	Mo
ed within pletely fill carban preatywithin sectors.		give street address) Wash Count	during	mast of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY School
7/1 1/2 1/2	Hagerstown 13a USJAL RESIDENCE (Where deceased lived	Wash Count	Y HOSPITAL CU	Y LIMITS? 130. STREET AND NUMBER	School
ecuted with	admission) STATE 13b.	COUNTY	gerstown YES	NOT	11. C.
executed within 24 hours after death de campletely filled up by the funeral smave carbon papers. Bages 1 and any event, within 12 hours after death call studies	Maryland Wa  14. FATHER'S NAME First	Middle last	IS. MOTHER'S MAIDEN NAME	First M.ddle	Lost
be e rerestina	John T. Muri		Mary R		
9 p 8 p 8	16a, WAS DECEASED EVER IN U.S. ARMED FOR	ES? 166 SOCIAL SECURITY NO		Address	
obysicion ple noval, a	Yes, na, ar unknawn) (If yes give war or dates	13-16-15	69 Mrs Dorothy	Hetzer 106 Cyp	ress St
popular in the move	18. CAUSE OF DEATH (Enter only one of	use per line for (a), (b) and (c))	Hagerstown	Md.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
是 是 是	PART I DEATH WAS CAUSED BY	Aspiration o	f vomitus with bl	lockage of airway	40 mins
affend permit. ian, ar r		E TO, OR AS A CONSEQUENCE OF			1
the the strip	Conditions, if ony, which gove	(h)			
s that the decian.  J by the attentions permitter for the remarkan, cremation,	rise to immediate cause (a).  stating the underlying cause DU	TO, OR AS A CONSEQUENCE OF			
res sicio al-tra	last.	(c)			
The low requires that the dead certific attending physician. has been signed by the attending physics as the burial-transit permit. Then phy priar to burial, crematian, ar removal, pending further histol	PART 2. OTHER SIGNIFICANT CONDITIONS Cardiomeg	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE O	R CONDIT ON GIVEN IN PART I(a)	l il-
ne law re trending as been as the priar tal	Cardiomeg	aly "or hay to	Betion 1 1 1	a i iz iz iz r	f v. l.us
The for attend attend has be se as h pria	19a. DATE OF OPERATION 19b CONDITION	N FOR WHICH OPERATION WAS PERF	1	20b. IF YES, WERE FINDINGS COI	NSIDERED IN CERTIFYING
I: The ar atte te has use a aith pr	210. ACCIDENT WAS UNDERLYING [2]	A STATE OF MANIPAL	YES X		103
vsician: ospital ar certificate thed for u ot. of Healt		b. TIME OF INJURY DUR A.M. Manth Day Yeor	216 HOW INJUST OCCURRED (EF	nter nature of injury in Port 1 or Part 2, Ite	aur 191
HYSICIAN hospital s certifica ached for ept. of He	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)  21d INJURY OCCURRED 21e. PLACE O	P.M. 19	DEATION FALLS OF D	Na City or Town	County State
PHY PHY is c tach tach Dept	While Not while at work	OFFICE BUILDING, ETC.	DRY.) 21f. LOCATION Street or R.F.D.	nd. Lity of town	200114 21016
IG Pu	at work at work	ital) attanded the decores	I from Tan 20 10	69 , to Jan 20 , 19 6	9 that (I) (5/76) less
ATTENDING etained by th CTOR: After I should be d rith the State	saw the deceased alive an	<u>Ian 20</u>	<u>69</u> , and that in (my) ( <del>our</del> ) a	pinian death accurred an the date	e and haur and fram the
OR:	causes stated above (I) (4	re) (did) (did-net) view the b	ady after death.		
OR ATTENDING PH be retained by the h DIRECTOR: After this ge 3 should be detailed with the State Del	22b SIGNATURE	h 2.	DEGREE PHYS	MED STAFF	ATE SIGNED 1969
or Bed Sign	11.5.5	4 , 114	171.5:		*
SPITAL OR IERAL DIR or, page 3 d be filed 'empors	22d PHYSICIANS NAME (Type) William	T. Layman, M.D	301 E. A	ntietam St. Hagerst	own, Md.21740
Page 4 may be retained by the hospital or at O FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use should be filed with the State Dept. af Health Temporary certificate p	23g BURIAL, CREMATION, 23b. DATE	23r NAME OF CO	EMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
Page Page O Fire	BMOVALS receive 1/23			Shanktown Wash C	A
	24 FUNERAL DIRECTOR Hage	TETOWN MADDRESS	2Sq. RECT	BY REGISTRAR 2Sb. REGISTRAR'S S	IGNATURE
30M4REV. 1/68	A ndrew K. Coi	fman Funeral	H ome IncomAN	23 1969 perane	o Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01635 CERTIFICATE OF DEATH 1 DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or print) January Mary 10:45 PV Fern Myers 3. SEX 4 RACE S DATE OF BIRTH We carban papers. Pages I event, within 72 hours after IF JHOER I YEAR IF UNDER 24 HRS. 6. AGE (n years last birthday) HOURS Female White September 3. 1930 YRS 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED 2 Millville, W. DIVORCED [ Washington completely filled in U. S. A. WIDOWED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of warking life, even if refred ) Washington Co. Hospital ic. Board Hagerstown 13a USJA, RES DENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 3d INSIDE CITY JMITS? 13e STREET AND NUMBER Washington in diny eve Hagerstown Long Meadow 14. FATHER S NAME First Middle Lost IS. MOTHER'S MAJDEN NAME FIRST Middle Mildred Coyle Gorman Bowers P attending physician permit. Then please 9 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Long Meadow Apts. Yes, na, or unknown) (If yes give war or dates at service) burial, cremation, ar remaval, Myers, Hagerstown, Md. Mr. Allen W. APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove ) signed by the burial-transit ; rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the 2 shauld be filed with the State Dept. af Health priar to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES OF 21a. ACCIDENT WAS UNDERLYING 21b TIME OF NURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) DR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. Stote City or Town County While Nat while at work 220 I certify that (1) (this haspital) attended the deceased from / - saw) the deceased of ve on / 5 - Mark / 19 \_\_\_\_, and the and that in (my) (our) opinion death accurred on the date and hour and from the be retained causes stated abaye, (1) (we) (dut) (aid not) view the bady after death. IONATHRE 22c DATE SIGNED ATTENDING PHYS DIRECTOR PHYS 20 January 1969 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Binford M.D. 1135 Potomac Avanue - Hag Md Richard 23d. LOEATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BJRIAL, CREMAT ON, BUT 18 (Specify) 1- 21- 69 Mountain View Cemetery Sharpsburg. 25b. REG STRAR S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC D BY REG.STRAR John H. Bast, Jr. 112 N. Main St. Boonsboro, MosJAN 2 1969



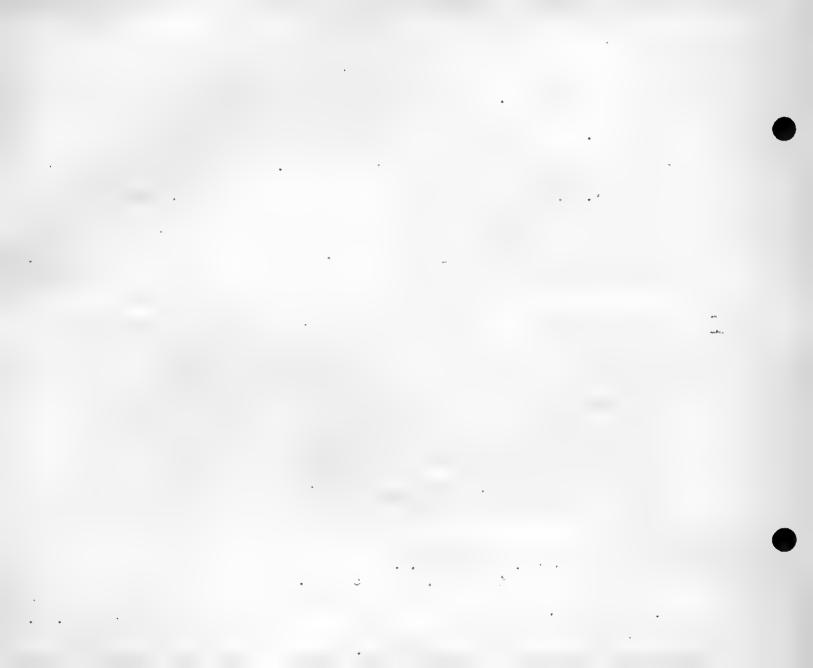
MAKYLAND STATE DEPAKIMENT OF HEALTH



MAKTLAND STATE DEPAKIMENT OF HEALTH



1 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT:	DECEASED NAME First Middle Lott 32-DATE (MICHAELEZ) Month Day Month	2b. HOUR
	(Type or Print)	4.0
> g g ≠	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (in years ) IF UNDER 1 YEAR (IF JHIDER 24 HPS 2C DATE PRONOUNCED DEAD	2d HOUR
3 3 Jan 19	Male White Feb. 26, 1952 16 YRS MONTHS DAYS MIN Month Day Year 1969	1 SM
D. 2, a	70. BIRTHPLACE (Stote or foreign   75 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	1 /-M
S E D	West Va. USA WIDOWED DIVORCED Washing ton	Md
Pages ith fo	10. CITY OR TOWN OF DEATH 11 MAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 1)26 KIND OF BUSIN	
24 hours after death in Item 18. Give Pages r's Office along with for state is I and 2 with the State is after death.	Hagerstown give street address) Washington County Hosp Laborer (Constru	ction
after 8. Giv alang alang with th	13g HSHALL RES DENCE (Whore deceased upd. f. institut on Peridence hefore 13r CITY OR TOWN 3d INSOE (17 LMISS) 13e STREET AND NUMBER	CLIOI
s after 18. Girls along a colong to the colo	odmission) STATEW.Va. J. COUNTY Jefferson Hill VES NO RED#2. Harpers Ferry	.WVa
hours them 11 Office land2 after d	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost	
rs of	Charles William Piper Frances Lucille Lancaster	
nn 24 na 24 nil in niner's pages haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Harpers F	erry,
with your 1 had a same of 1 ha	(Yes, no or unknown) (I yes myre wor or dates of senerce) 234-80-6779 Mrs.Lucille Piper, RFD#2, West V	
	18 CAUSE OF DEATH (Enter on y one couse per line for (a) (b), and (c).)  APPROXIMAN I BETWEEN ONSET A	HTERVA. UND GEATH
ne executed pending. In ef Medical E sist permit. F vent within	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) BURE fune of Splean & Harris Marine Manuscribuse 1562	2
be exe "pendl nief Me snsit pe event	S/9. / DUE TO, OR AS A CONSEQUENCE OF EMP	
hief hief cansi	(conditions, it only, which gave) (b) Strull Fractions = Cerefiel Compression	6-
word word the Ch rial-tro	stating the underlying couse DUE 10, OR AS A CONSEQUENCE OF	oct.
shauld be e ne word "per o the Chief I burral-transit in any ever	1051 10 Levelina + Futuciani al almourios	
at = te	PART 2 OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rifico rifing arde a as d as	8 25 190. DATE OF OPERATION 1296. COND.T.ON FOR WHICH OPERATION 20. AUTOPSYS	
certii orwal used mava	WAS PERFORMED?	
	190. DATE OF OPERATION 190. COND.T.ON FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSYS YES 2 210 EXTERNAL CALSE WAS 216 TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Irem 18.)	-NU []
		Cark
INER e cer shaul files. 3 sha atian	71d NIURY OCCURRED 21e P AFF OF INIURY (At home form street 21f IOCATION Street or P F.D. No. Chart Town County	State
표 된 중 등 지 원 기	factory, office building, etc.)	·UL
	22a. I certify that I taak charge of the remains described above, held an Autopsy A Inspection , Inquiry A and in my	
2 X . T D E	death resulted from. Natural causes, Accident, Suicide, Hamicide Undetermined manner	арппап
please explease explease explease.  I director.  DIRECTO  OUT to bur	CHIEF MEDICAL EXAMINER	
ig Let die	ACTUAL 20 DATE SUCHED	
ury, ary, be be propered by propered by the pr	SIGNATURE ECLIFICATION AND ASSISTANT MEDICAL EXAMINER EXA	
o DEPUTY necessary, p the funeral S may be re o FUNERAL Health prio	NAME (Type) 217 W. Washington St. Hagerstown, McQDRESS(Street, city, town, or county)	
TO DEPUTY necessary, p the funeral is may be re TO FUNERAL Health prio	230 BLRIA (REMATION 235 DATE 237 NAME OF (EMETRY OR CREMATORY 234 LOCATION (City or Lown) (County) (SY	ote)
	REMOVAL (Specify) Burial 1/9/69 Chestput Hill Cemetery Chestput Hill W.V.	3
	24 AUNERAU/DIRECTOR (1) ADDRESS 2SO RECD BY REGISTRAR 2SD. REGISTRAR S. SIGNATURE	
VR A15ME (5) 10M REV 1768	West va IN 10 1969 formales Junge	



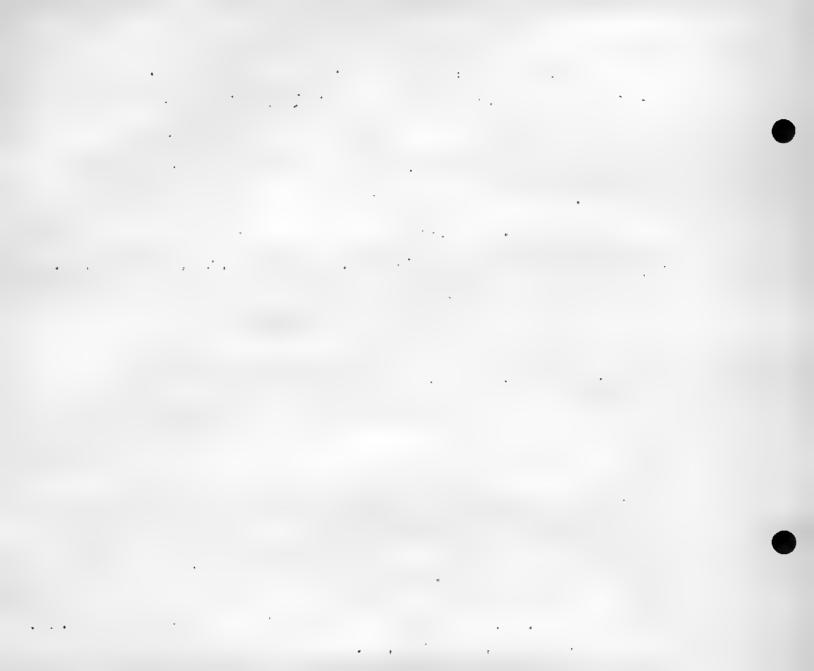


	1	l	1		LAND STATE DEPARTMENT OF RDS, 301 W. PRESTON STREET, BAL		
			01643		CERTIFICATE OF DEATH		01636
	after death be uneral after death after death		ECEASED-NAME First Type or print) The Limit		r Price	20 DATE OF DEATH  Jannth  Pay	1969 600 A M
		3. \$	Female	4 RACE White	S DATE OF BIRTH Aug. 20 192	6 AGE (In years last brithday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	24 hou	cau	nity) [Md.	U.S.A	8 MARRIED NEVER MARRIED WIDDWED DIVORCED	9. COUNTY OF DEATH Washington	Md
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours be retained by the hospital or attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and completely filled in some as should be detached for use as the buriol-transit permit. Then please remove carbon paper, the ed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours as with the state Dept.	L	CITY OR IDWN OF DEATH Hagerstown	giwaishing to	n County Hospita Pung	JAL OCCUPATION (Kind of work done nost of working life, even if retired) HOUSEWITE	12b. KIND OF BUS NESS OR INDUSTRY HOME
	completely ove carbon y event, wii	can	USUAL RESIDENCE (Where deceased ssion) STATE Maryland	Washingt	on Keedysville YES A	40 🗌	
<u>k</u>	s be ex		FATHER'S NAME First  Charles	Edgar Mille		Fust Middle Mary Brown	Lost
	rifitate be execut physicion and com; en pleose remove oval, ond in any ev.	160	WAS DECEASED EVER IN U.S. ARMED es, no ar unknawn) (If yes give word)	D FORCES? ov dates of service)	RITY NO. 17. INFORMANT Mrs. Thomas F	Herall Keedysvill	
	equires that the death certificate be exer- physician. signed by the attending physicion and co burial-transit permit. Then please remo burial, cremation, or removal, and in any		18. CAUSE OF DEATH (Enter only a PART I DEATH WAS CAUSED B IMMEDIATE	ane cause per line for (a), (b), on BY	chase from ce	roup	APPROXIMATE INTERVAL  GETWEEN ONSET AND DEATH
	t the d the attr set perr nation,		Conditions, if any, which gave a rise to immediate couse (a),	DUE TO, OR AS OCONSEQUENCE			144-
	res tho sician. led by ol-tran		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	E OF		
	v requi	2	PART 2 OTHER SIGNIFICANT CONDITION	TIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE FERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
	The lay aftend has be se as the prior	CERTIFICATION	19a DATE OF OPERATION 19b. COI	NDITION FOR WHICH OPERATION WA	AS PERFORMED 200. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
	ICIAN: pital or rtrificate d for u of Heol	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING (If either, natify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day P.M.	21c. HOW INJURY OCCURRED (Enter	er nature of injury in Part 1 or Port 2, It	em 18.)
	r PHYS the host this cer detoche e Dept.	WE	21d INJURY OCCURRED 21e, PLA While Not while at wark at wark	ACE OF INJURY ( AT HOME FARM, SIRE OFFICE BUILDING ETC	ET FACTORY.) 21f. LOCATION Street or R.F.D. No	City or Town	County State
	ed by t ed by t t: After ild be c he State		22a. I certify that (I) (this saw the deceased alive	e on 1/1/69	19 and that in (my) (aur) ap	, to 1/12/64, 19 union death occurred an the date	, that (I) (we) lost e and haur and from the
	R ATTI e retoin RECTOI 3 shou d with t		22b SIGNATURE	(1) (we) (did) (did not) view		MED SYAFF 22c DI	ATE SIGNED
	PITAL ( moy by eRAL DI r, poge be filed		22d PHYSICIAN S Harold	H. Gist, M. D.	DEGREE PHYS 22e, ADDRESS 363 S. C14	eveland Ave., Hage	rstown. Md.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the bur of-transhould be filed with the State Dept. of Health prior to buriof, cre-	23o	BURIAL, (REMATION, 23b. DAT	15-69 John's	of CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
	VR A15 (4) 45M - 1/69		FUNERAL DIRECTOR	ADD		N REGULENS PROSERVES	
	45M + 1/69	1	lbert L. Leaf W	11 liamsport. Mc	A Widnill	0 1000	/

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 26. HOUR death. and (Type or print) Month Jana Pryor Lillian the attending physician and campletely filled in by the funeral sit permit. Then please remove carbon papers. Pages 1 and in any event, within 72 haurs after de Vel ma 24 hours after do 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE ( n years F JNOER I YEAR IF UNDER 24 HRS last birthdoy) PHTMOM HOURS Female White Dec. 1., 1893 YRS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 1 NEVER MARRIED 9. COUNTY OF DEATH USA Washington WIDOWED [ DIVORCED [ 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126 KIND OF BUSINESS OR Within Washington during most of warking life, even if retired )
HOUSEWITE INDUSTRY Hagerstown County Hospita Home crematian, ar remayal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER OR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted odmission) STATE 13b. COUNTY NO V YES Washingto Smithsburg 14. FATHER'S NAME First Middle last 15. MOTHER'S MAIDEN NAME First Middle Harvey M. Burhman Tressa Need 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na. ar unknown) I (If yes give war or dates of service) 275-78-7950 Smithsburg. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave signed by the burial-transit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse last. burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPAIRED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0) use as the later alth priar to b O FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES Fa NO [ 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) j OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year of (If either, notify medical examiner) P.M. shauld be detached with the State Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No State City or Tawn County While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive anand that in (my) (aur) apinion death occurred an the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE director, page shauld be filed PHYS DIRECTOR PHYS O HOSPITAL PHYSICIAN S 22e ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (Stote) 230 BURIAL, CREMATION, REMOVAL (Specify) Haven Cemetery 25g, REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15) invla, Budge Minnich Funeral Home, Smithsburg, Md. 1000 30M REV.



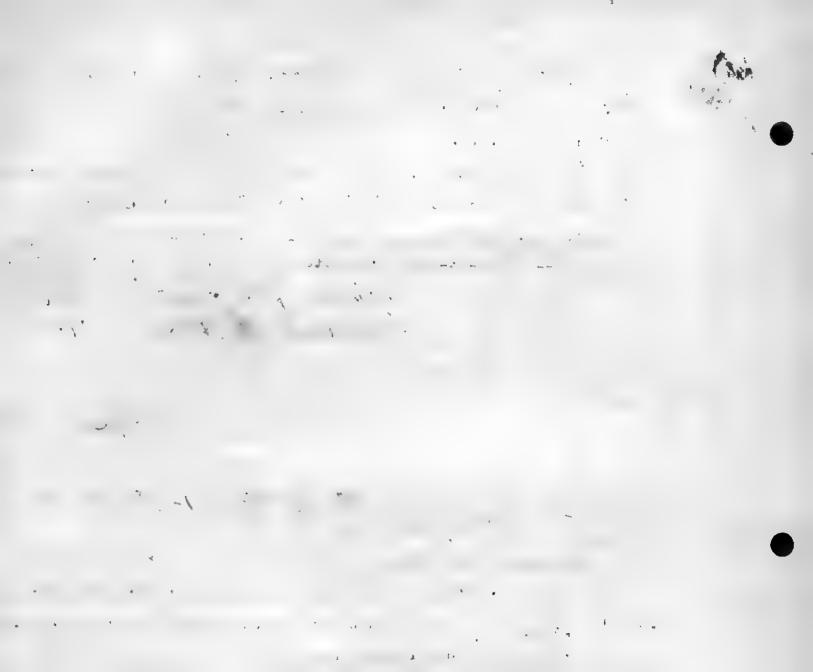
# 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	
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ecuted comple colore can	n) STATE Maryland 136 COUNTY Washington Williamsport YES NO 23 N. Vermont St.	
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physican physican phase phase oval, and	S DECEASED EVER IN U.S. ARMED FORCES?  NOUnknown) (It yes give war or dates of service) I6b SOCIAL SECURITY NO  NO. Willis Renner Williamsport, Maryl	
PHYSICIAN: The law requires that the death certificate be executed within e haspital ar attending physician. his certificate has been signed by the attending physician and completely fillistached far use as the burial-transit permit. Then place-remaye carban po Dept. af Health prior ta burial, crematian, or removal, and in any event, within	CAUSE OF DEATH (Enter only one couse per sine for (a), (b) and (c).)  PART I DEATH WAS CAUSED BY  ACUTE Coronary Insufficiency  Approximate  hour	AND DEATH
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The law requires th attending physician has been signed by se as the burial-tra h prior ta burial, cre	RT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Diabetes Melith Acidosis; Atherosclerosis, cerebral & generalized; Diverticulosis.	
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DING PHYSICIAN: The law reby the haspital ar attending lefter this certificate has been be detached far use as the State Dept. af Health prior ta	d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street of R.F.D. No City of Town County of Work	State
OR ATTENDING PL be retained by the DIRECTOR: After this is 3 shauld be deto ed with the State De	o. I certify that (I) (this hospital) attended the deceased from Sep 20 , 19 68, to Jan 12 , 19 69, that (I) sow the deceased alive on Jan 12 19 69, and that in (my) (vor) opinion death occurred on the date and hour on each strength of the deceased alive of Jan 12 , 19 69, and that in (my) (vor) opinion death occurred on the date and hour on each strength of the deceased from Sep 20 , 19 68, to Jan 12 , 19 69, that (I) sow the deceased from Sep 20 , 19 68, to Jan 12 , 19 69, that (I) sow the deceased from Sep 20 , 19 68, to Jan 12 , 19 69, that (I) sow the deceased from Sep 20 , 19 68, to Jan 12 , 19 69, that (I) sow the deceased from Sep 20 , 19 68, to Jan 12 , 19 69, that (I) sow the deceased from Sep 20 , 19 68, to Jan 12 , 19 69, that (I) sow the deceased from Sep 20 , 19 68, to Jan 12 , 19 69, that (I) sow the deceased from Sep 20 , 19 68, to Jan 12 , 19 69, that (I) sow the deceased from Sep 20 , 19 68, to Jan 12 , 19 69, that (I) sow the deceased from Sep 20 , 19 68, to Jan 12 , 19 69, that (I) sow the deceased from Sep 20 , 19 68, to Jan 12 , 19 69, that (I) sow the deceased from Sep 20 , 19 68, to Jan 12 , 19 69, that (I) sow the deceased from Sep 20 , 19 68, to Jan 12 , 19 69, that (I) sow the deceased from Sep 20 , 19 68, to Jan 12 , 19 69, that (I) sow the deceased from Sep 20 , 19 68, to Jan 12 , 19 69, that (I) sow the deceased from Sep 20 , 19 68, that (I) sow the deceased from Sep 20 , 19 68, that (I) sow the deceased from Sep 20 , 19 68, that (I) sow the deceased from Sep 20 , 19 68, that (I) sow the deceased from Sep 20 , 19 68, that (I) sow the deceased from Sep 20 , 19 68, that (I) sow the deceased from Sep 20 , 19 68, that (I) sow the deceased from Sep 20 , 19 68, that (I) sow the deceased from Sep 20 , 19 68, that (I) sow the deceased from Sep 20 , 19 68, that (I) sow the deceased from Sep 20 , 19 68, that (I) sow the deceased from Sep 20 , 19 68, that (I) sow the deceased from Sep 20 , 19 68, that (I) sow the deceased from Sep 20 , 19 68, that (I) sow the deceased from Sep 20 , 19 68, tha	(we) lost d from the
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Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	PHYS CIANS William T. Layman, M.D 22e ADDRESS 301 E. Antietam Street, Hagerstown,	Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached far u shauld be filed with the State Dept. af Heali	RAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d tocation (City or Town) (County) (AVIII (Specify) Jan. 16-69 Greenlawn Cemetery Williamsport Wash. Md	(Stote)
VR AIS	eral Director ADDRESS 250, REC'DENTEGISTERS 24 REGISTRAN AGRICUM	•





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The off	RTIF				YES [	NO 🕒	CAUSES OF DEATH?			
AN: al or icate for u		21g. ACCIDENT WAS UNDERLY		JRY anth Day Year	21c. HOW INJURY OCCU	URRED (Enter natu	re of injury in Part 1 or	Part 2, Item	n 18.)	
SICI split split split errinf ed of	MEDICAL	(If either, natify medical exam	iner) P.M	19	When location c	D.C.D. M				
For Hospital or Attending Physician: The low requires that the death certificate be executed within 24 hour affect ceath. Page 4 may be retained by the hospital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by mentingful director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, arremoval, and in any event, within 72 hours after death.		While Nat while at work		DME FARM, STREET, FACTO E BUILDING, ETC.			City or Town		County	State
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R: A		saw the deceased of causes stated above	alive an <u></u>	nat) view the ba	<b>27</b> , and that in (my dv after death	/) (aur) apinian	death accurred an	the date	and haur d	ind fram the
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OR be red w		C Lava	Ellew		DEGREE PHYS	G MED.	OR STAFF	2/1	169	
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Page Page direction	230	DEHOVAL (Face ( )	eb. 2-69				Na		(County)	(State)
2-2		FUNERAL DIRECTOR	20. 2-07	ADDRESS	W Cemetery	25a REC D BY REG	STRAR 2Sb REG	STRAKS SIG	h Mo	
VR A15 45M 1 39		Slbert L. Leaf	Williamsp	ort, Md.		DATE FEB	4 1969	pelian	at . I'm	A Bas





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		CERTIFICATE OF DEATH				
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24 hours after death 25 hours after funeral 27 hours after death	7a.	BIRTHPLACE (State or foreign /b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH				
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	13a.	S.A. RESIDENCE (Where deceased lived, or institution. Residence before 13c CITY OR TOWN 3.4 INSIGE CITY JAMIES 13e STREET AND NUMBER				
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ate ictiar leas		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address				
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital ar attending physician.  **NIRECTOR: After this certificate has been signed by the attending physician and cample so 3 should be detached for use as the burial-transit permit. Then please remave can be with the State Dept. af Health prior to burial, cremation, or removal, and in any event			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH			
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aine aine		causes stated abave, (1) (we) (did) (did nat) view the bady after death.	- 1111/22			
With Will		ATTENDING — MFD — STAFF —	E SIGNED			
Died Be			2/6/			
RAL RAL Po be f		22d. PHYSICIAN'S NAME (Type) Richard A. Young, M. D. 22e. ADDRESS 101 King St., Hagerstown, Man	ryland			
Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health priar to	00					
Sho Sho	230	DEMOVAL (Specify)				
5. 5	24	REMATION JAN 16, 1969 WASHINGTON COUNTY HOSPITAL HAGERSTOWN, MARY PUNERAL DIRECTOR 250. RECO BY REGISTRAR 256. RECORRARS SU  ADDRESS DOOR 250. RECO BY REGISTRAR 256. RECORRARS SU	LAND NATJRE AAA			
VR A15 (4) 30M REV. 1/68		John Mchaffer adm. 1620. part 1. 22 1969	as finds			



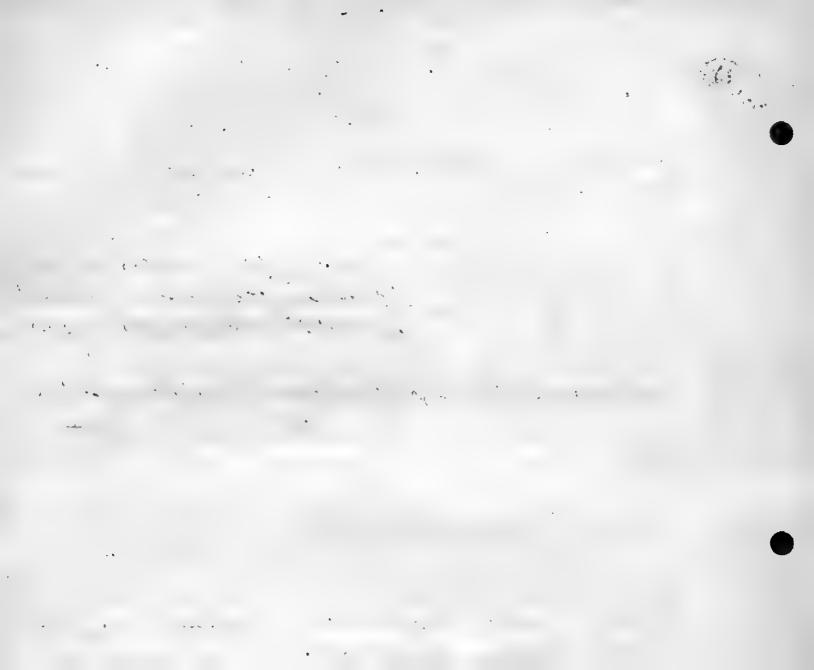
31600	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL ERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	01040
1 DECEASED NAME First (Type or print) MARY	7711.01.0	lost I SPERLEY	JANUARY Manth Day	69 Year 9 & M
3 SEX FEMALE	4 RACE WHITE	S. DATE OF BIRTH MARCH 21, ]	6. AGE (In years last birthday) CO YRS.	IE UNDER I YEAR HE JIMDER 24 HRS. MIGHTHS BAYS HOCRS AMEN
7a. BIRTHPLACE (State or foreign country) MARYLAND	75 CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	9 COUNTY OF DEATH WASHINGTON	Md.
10 CITY OR TOWN OF DEATH HAGERSTOWN	11 NAME OF HOSPITAL OR INS give street address) WASHINGTON (	TITUTION (if not in haspital 12c US: during in COUNTY HOSP. RET	UAL OCCUPATION (Kind of work done most of working life even if retired.) TIRED SALEIADY	126 KIND OF BUSINESS OR INDUSTRY DEPT STORE
13a. USUAL RESIDENCE (Where deced odmission) STATE MARYLAND	sed lived, if institution. Residence before 13b COUNTY WASHINGTON	13c. CITY OR TOWN 13d INSIDE CITY HAJERSTOWN YES X	13e. STREET AND NUMBER 100 408 LTNJANO	RE AVE.
14 FATHER'S NAME First SEOR JE	Middle tost CLAGETT FUNK	S. MOTHER'S MAIDEN NAME	AMELIA .	lost ROHRER
16a. WAS DECEASED EVER IN U.S. AR Yes, na ar unknown) 1 ( yes give	MED FORCES? war or dates of service)    215-18-148		408 Address L VOLFCRD HAJERSTOW	
18. CAUSE OF DEATH (Enter of PART   DEATH WAS CAUSI	nly ane cause per line far (a), (b) and (c).) D BY: ATE CAUSE (a)	mia		approximate interval between omset and death 2—3 Mus
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stating the underlying cause last	OUE TO, OR AS A CONSEQUENCE OF  (c)  NOTITIONS CONTRIBUTING TO DEATH BUT NO	shooler	OF SHIRLTHON CHIEN IN DADY 1(a)	yes,
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saw the deceased of	nis hospital) attended the decease anye on! e, (!)_(we) (did) (durnot) wew the l	o التاتان السيارة المالة	pinion death occurred on the do	te ond hour and from the
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	HARD T BINFOUD, M.1		MAC A/E. HA EKSTO	
REMOVAL (Specify)	L/11/69 ROSE H	TEMETERY OR CREMATORY  ILL CEMETERY	23d LOCATION (City or Town) HAJENSTOWN WASH	(County) (State)  IN TON MD
24 FUNERAL DIRECTOR  Kaules m Ko	ADDRESS HA ERSTOWN	, MARYLAND BARN	1 3 1969 # REGISTRAR 25b REGISTRARS	Judge.

MAKTLAND STATE DEPAKTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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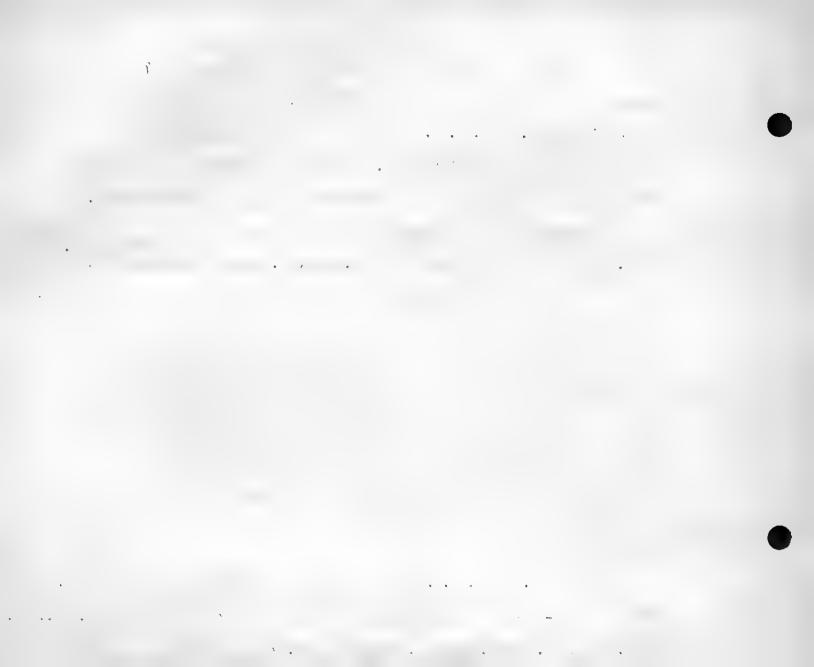
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4 6 6 10
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11647
HEALTH DEPT.	(Type or Brint)	Day Yeor 2b HQUR
o ge to i	(Type or Print) Robert Santtee Smith OF ESTI- DEATH MATED /	1969 22
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and and and and and and and and and and	male white 10-5-1910 58 yrs Months Days Mours Min Mogth Day C.	Year 19 69 2 23 N
2, 2, P	To BIRTHPLACE (State or Tareign   76 CITIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED   9. COUNTY OF DEATH	
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e Pages with for	1D. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospita) 120. USUAL OCCUPATION (Kind of work dane 12	26 KIND OF BUSINESS OR
offer death  8 Give Pages 1, along with form with the State De	Hagerstown Wash. County Hospital during most of working life, even if retired.) Character Manager	DUSTRY roceryStor
after 8 Giv along along with t	130 JSUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d MISIDE CITY LIMITS? 13e. STREET AND NUMBER	
As The second	odmission) STATE Md. 13b COUNTY Wash. Hagerstown YES NO X 31 Wynnwood	Dr.
Integral 1 and 2 after d	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
	Franklin Smith Naomi Garns	
hin 24 ncit in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
within n pencit Examine Examine File pag	(Yes, no, or unknown) (II yes give were or deles of service) Hrs. Vera R. Smith Hagerstown	, Md.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROX MATE INTERVA. BETWEEN ONSET AND GEATH
be executed 'pending' ir inief Medical insit permit.	PART I DEATH WAS CAUSED BY BI La Foral Brome che prelimines	3-5 day
exe endir Med the	DUE TO, OR AS A CONSEQUENCE OF	1 2
be period	(Canditions, if any, which gave) to selection, to Fufliers a guest	6 chay
ould vord he Cf ial-tra	nse to immediate couse (a).  Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	0.4
should be en word per or the Chief burial-transit	10st 1 Jalunnary Empolism	1 1
s certificate standards, writing the farwarded to used as a bu smood, and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate cate, writing the be farwarded to be used as a bur removal, and	- Diahoter Mellitur	
certil writ arwar used mova	196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his and arte, e for tent	190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210 EXTERNAL CAUSE WAS  21b TIME OF INJURY Month, Doy, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO
	21b EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item HOUR A M.	18)
NER: T certific hauld b hes. shauld rtian, or	K CAUSE OF DEATH P.M 19	
= 8 × ± 8 9		County State
bical examiner. lease execute the cert director Page 4 shauf stained far your files. DIRECTOR: Page 3 shau r ta burial, crematian	AT WORK AT WORK	
ICAL E exector Parties Parties CTOR: buries,	220. I certify that I took charge of the remains described above, held an Autopsy 🕒 Inspection 🔲, Inquiry 🔲,	and in my opinior
Sic e ctor ctor ctor but but but but but but but but but but	death resulted fram: Natural causes 🖳, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined monner 🗍	
please e director etained DIRECT ar ta bu	CHIEF MEDICAL EXAMINER	
<u>a_</u>	SIGNATURE Church W. W. A. T. M. D. ASSISTANT MEDICA. EXAMINER 22b. DATE SH	GNED
	EXAMINER'S Edward W. Ditto, 111, MD DEPUTY MEDICAL EXAMINER	7-69
necesson the fun 5 may 10 FUNE Health	NAME (Type) 277 W Washington St. Hagenstown Md. ADDRESS(Street, City, fown, or county)	and the second s
<b>5</b> 元 元 で 五 元	230 BJRIA., CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C	County) (State)
00	REMOVAL (Specify) burial 1-9-1969 Mt. View Cemetery Ringgold, Md.	The ATTION
VR A15ME (5)	24. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  250 REC'D BY REGISTRAR 2500  ADDRESS  ADDRES	WATURE COLUMN
AN ALDME (2) I LON	Minnich Funeral Home Hagerstown, Md. DAKAN 10 1969 Formark	10

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	350
	DECEASED-NAME First Middle Lost (CFTATAT) 20 DATE OF DEATH	2b. HOUR
(	(Type or print)  JULIUS  NMN  SOKOL  JANUARY  20  69	1 • 55 M
3. S	SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years 1 H JMDRK 1	YEAR IF UNDER 24 HRS.
	MALE WHITE AUGUST 8, 1892 76 YRS.	DAYS HOURS MIN
70	O RIPTHPLACE (State or foreign 7th CYETEN OF WHAT COUNTRY? B ANDROY OF SEATH	
COU	COUNTY) HUN :AFY U.S.A. WIDOWED DIVORCED WASHIM:TON	Md
	O. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIP	ND OF BUSINESS OR
<u></u>	HAJERSTOWN COUNTY HOSP. RETIRED COAL MINES M	TRY N. VA.
13e	30 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d MISIDE CITY LIMITS? 13e STREET AND NUMBER	
	drivssion) STATE MARYLAND 136 COUNTY WASHINGTON HAGERSTOWN YES NO RT. #4. BROADFORTI	NG RD
14	4 FATHER'S NAME First Middle (SZAKALes) 15. MOTHER'S MAIDEN NAME First Middle	Lost
L	STEPHEN SOKOL EMMA REPRESENT SALAT	
160	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address OVADER (If yes give war or dates of service) 22.2 0.0 27 67	ORTING RD.
_	2)2-09-2101 MRS KLIBIA SUKUL, RT. #4. IRJE 151CW.	
	TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROX MATE INTERVAL TWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) Metastatic carcinoma of the liver	
1	162 DUE TO, OR AS A CONSEQUENCE OF	
	(conditions, if ony, which gove) rse to immediate couse (a), (b) Anaplastic carcinoma of right bronchus Oc	ctober, '68
П	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
L	lost. (c)	
ŀ	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0)	
NE NE	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED	D IN CERTIFYING
CERTIFICATION	YES NOX CAUSES OF DEATH?	
CERT	210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY DCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	
MEDICAL	S OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year	
MED	(If either, notify medical examiner) P.M. 19 2 Id. INJURY OCCLRRED While — Not while — Office Bulloing, Etc.  County	Stote
	While Not while of work Office BUILDING, ETC	
	220. I certify that (1) (this his bid) attended the deceased from 9/28	that (I) (well last
	saw the deceased alive an	naur and from the
	causes stated abave, (i) (We) (did) (states view the bady after death.	100
	225 AGNATURE  1 226. DATE SIGNI  DEGREE PHYS DIRECTOR PHYS 1 1/24/6	
		59
	22d PHYSICIAN'S NAME (Type) DONALD E MARTIN, M.D. 220. ADDRESS 363 CIE ELAND AVE., HAJELSTOWN.	MD.
230	230. BURIAL CREMATION, 236. DATE 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County	
	REST HAVEN CEMETERY HAGERSTOWN, WASHING	TON _ MD.
24.	24. FUNERAL DIRECTOR 250 REC D BY REGISTRAR 250 REGISTRAR S SIGNALIR	
	Charles on Four all HA SERSTOURI MADVIAND LIAN 27 1969 Links	0

MAKTLAND STATE DEPAKTMENT OF HEALTH



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	5:051
	CERTIFICATE OF DEATH	
Tuneral I and 2 er death.	DECEASED NAME First Moddle (Type or print) LEON SUMMERS SOUDERS  20 DATE OF DEATH  Month  January 1	8,1969 2b. HOUR
3	SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
70	o BIRTHPLACE (Stote or foreign U.S.A.   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH WIDOWED   DIVORCED   Washingto	n Md
	O. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitot Hagerstown  120 USUAL OCCUPATION (Kind of work do she had the she had been also been if refire Labor	one 126 KIND OF BUSINESS OR INDUSTRY  None
13	30 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c. CITY OR TOWN 13d institution, 13e STREET AND NUMBER	
	4. FATHERS NAME First Middle Lost IS MOTHERS MAIDEN NAME First Middle William Souders Lillie Montgomery	e Lost
11	(60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address of service) 21.7—1.8—8.760	
F	No None 42, 20 0,00 Mrs Fisle Crams 424 Mecha	APPROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY:    Manual Course for the form of the	BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  A  DUE TO, OR AS A CONSEQUENCE OF	Myfull
	(Conditions, if ony, which gove)	14%
	rise to immediate couse (a), stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF	1//
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
	Or have all the said hints to hate have	teil Alberta-
Olayoula		NGS CONSIDERED IN CERTIFYING
		rt 2, Item 1B.)
200	(If either, notify medical examiner)   P.M 19	County State
	21d INJURY OCCURRED While Not while of work 21e PLACE OF INJURY (AT HOME FARM STREFT, FACTORY.) 21f LOCATION Street or R.F.D. No. (Ity or Town of work 21e of work	county store
	22g   certify that (1) (this haspital) attended the deceased from a fit 1969, to May 15	, 19 <u>49</u> , that (I) ( <del>we)</del> las
	saw the deceased alive on	e date and haur and fram th
		22c. DATE SIGNED
	22d. PHYSICIAN'S NAME (Type) Edson B. Moods  22e. ADDRESS Hagerstown, M 363 Cleveland Avenu	aryland
2	230 BUR AL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
	Burial Jan, 21/69 Rose Hill Cemetery Hagerstown	n, Maryland.
2	nagerstown, Md. JAN 21 10co //	RAR'S SIGNATURE
F	Andrew K. Coffman Funeral Home, Inc	

MAKTLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission . COUNTY b/COUNTY by the and 2 death. Washington MARYLAND West Virginia Berkel ev b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Falling Waters Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Washington County Hospital YES NO Route 1 papers. 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH January 31 within 1969 Ruby Evangeline Stevens carbon 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS and lest birthday) Months | Days DIVORCED August 31, 1902 Female White WIDOWED -66 yes. attending physician 10e. USUAL OCCUPATION IG ve kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Cut & Fold Operator U.S.A. Label Company Tucker County . W. Va. . 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME Edward Nazelrod Emma Cook Then 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address loval. Route 1 (Yes, no, or unkown) (Ifyes give wer or deles of service) 235-28-3517A No Walter G. Stevens Falling Waters permit. 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] INTERVAL BETWEEN þ ONSET AND DEATH b PART I. DEATH WAS CAUSED BY, Coronary occlusion signed IMMEDIATE CAUSE (e) cremation, burial-transit **DUE TO** Athorogolevesis generalized Conditions, if any, which geve rise to immediate cause **DUE TO** (a), stating the underlying the the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118) 19. WAS AUTOPSY certificate CERTIFICATION 8 Q PERFORMED? YES IN NO 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING [ CAUSE OF DEATH DIRECTOR: Affer Inc. (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Homa, ferm, 1 (County) (State) factory, street, office bidg., etc.) Not While ŏ et work et work 21. I certify that (I) (NIX KNOW) attended the deceased from Sept. 19. 58to Jan. 31, 19.69that (1) (38) last Jan. 30 ....169..., and that death occurred at #30/kM, from the causes and on the date stated above. saw the deceased alive on..... 22e. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. death. Page 4 HOSPITAL page with t 22c. PHYSICIAN'S 22d, ADDRESS Potomac St. Willia msport rector, 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) មិន្ត្ Union Cemetery Morgan Co., W. Va. Feb.3. 24 FUNERAL DIRECTOR'S SIGNATURE, **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1969 DEF B VR A15 (4) Home-Martinsburg West Virgini 20M 5-63

DEPARTMENT OF HEALTH

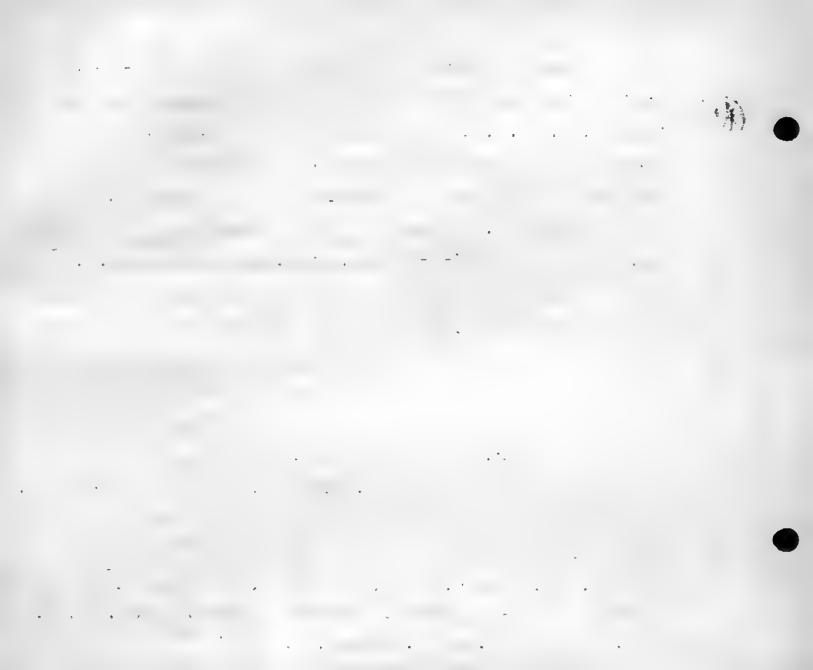


MAKYLAND STATE DEPAKTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01854 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME First Middle Last 2g DATE KNOWN (Type or Pnnt) 28- 1969 Alice Poge Carev Storm DEATH MATED A RACE IF LNDER 1 YEAR 3 SEX S DATE OF BIRTH 6 AGE to years IF UNDER 24 HRS 2c DATE PRONOLINGED DEAD 2, u. PM3. Female White Aug. 3.1883 176 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or tareian MARRIED INEVER MARRIED 9. COUNTY OF DEATH Boonsboro, Md. WIDOWED [ DIVORCED [ U. S. A. Washington Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USLA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Own Home Garlock Convalescent Home during most of working life, even if retired.)
Housekeeper Hagerstown 13d. JNSIDE GITY LIMITS? 13a LSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 136 STREET AND NUMBER Washington Boonsboro YES TO NO 23 Potomac St. and 2 ofter 4 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Lost Middle First Falconer Francis Storm Clementine hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 5130 Winecticut Ave. (Yes, no, or unknown) 220-46-9600 Mr. John M. Storm. Washington, D. C. within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH ward "pending" i PART I. DEATH WAS CAUSED BY. IMMEDIATE (AUSE (a) Arteriosclerotic Cardio Vascular Disease vears event DUE TO, OR AS A CONSEQUENCE OF fransit Canditions, if any which gave 39 days (b) Supracondylar Fracture Left Femur rse to mmediate cause (a), ploods writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial farwarded ta certificate PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) SD remayal 19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? icate. YES 🗍 NO X pe 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) should PRIMARY OR CONTRIBUTING TO HOUR A.M. CAUSE OF DEATH .M.P.M. 12-20-68 Unknown. 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town Caunty State WHILE NOT WHILE factory, affice building, etc.) S. Product ST., Hagerstown, Washington, Md. 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection 3d Inquiry , ond in my opinion death resulted fram. Natural causes 🔀 . Accident Suicide Homicide Undetermined monner o ease CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 3 **EXAMINER'S** NAME (Type) 215 W. Washing ton Sept. div. through out own the 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (State) Boonsbore Cemetery Boonsboro, Wash. Co., Md. 250 REC'D BY REG STRAP 24 FUNERAL DIRECTOR VR A15ME (5) John H. Bast. Jr. 112 N. Main St. Boonsboro, MdDATE

MARYLAND STATE DEPARTMENT OF HEALTH



0166	DIVISION OF THE RECORDS	CERTIFICATE OF DEATH	NAKILAND 21201	1855
1 DECEASED NAME (Type or print)  3 SEX Male	First Middle Leo Glen	Stotelmyer	2g DATE OF DEATH Month January 12,	19 <sup>V</sup> eory 2b. HOUR
3 SEX	4. RACE White	S. DATE OF BIRTH July 31,191	6 AGE fro years	F JNDER   YEAR   1F UNDER 24 HPS. ONTHS DAYS HOURS MIN
7o. BIRTHPLACE (State or f country) Maryland	U.S.A.	WIDOWED DIVORCED	COUNTY OF DEATH Washington	Md
TO CITY OR TOWN OF DEAT	town 11 NAME OF HOSPITAL OR I give street oddress) Washingto here deceased lived, of institution: Residence before	NSTITUTION (If not in hospital 12a USUAL during mos	OCCUPATION (Kind of work done t of working life, even if retired) Mason	12b KIND OF BUSINESS OR INDUSTRY Retired
130. USUAL RESIDENCE (Windowssion) STATE Marylan	here deceased lived, if institution: Residence before 13b, COUNTY Washington	Hagerstown YES NO	313e. STREET AND NUMBER Stotler Ro	
14. FATHER'S NAME F	arvey S <b>botelmyer</b>	IS MOTHERS MAIDEN NAME Firs	. Baker	Lost
160. WAS DECEASED EVER Yes, no, or unknown)	IN U.S. ARMED FORCES?  (If yes give war or dates of service)  None  16b SOCIAL SECURITY 214-09	-2364Mrs Hazel R.	rstown, Address R Stotelmyer	#2 Md.
18. CAUSE OF DEATH	H (Enter only one couse per line for (a), (b), and (i) WAS CAUSED BY: IMMEDIATE CAUSE (a)	(A)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if only, w	DUE TO, OR AS A CONSEQUENCE O			3 yr ?
stoting the underly	ing couse DUE 10, OR AS A CONSEQUENCE O	the level disease , It	geterin & Duke	157.
PART 2 OTHER SIGN	IFICANT CONDITIONS CONTRIBUTING TO DEATH BUT			
19a. DATE OF OPERATION  21a ACCIDENT WAS  OF OPERATION  21a ACCIDENT WAS  OF OPERATION  21a INJURY OF OPERATION  21a INJU		YES NO NO	20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	
21a ACCIDENT WAS  CONTRIBUTING  (If either, notify med	CAUSE OF DEATH HOUR A.M. Month Doy Year tical examiner) P.M.	19	nature of injury in Part I or Part 2, Ite	
≥ 21d INJURY OCCURR While Not while at work of work	ED 21e. PLACE OF INJURY ( AT HOME FARM, STREET, I			County Stote
22a. I certify th saw the de couses stat	ot (I) (this hospitol) attended the deceo ceased alive an— ed above, (I) (we) (did) (did not) view the	sed from, 19 .19, and that in (my) (aur) opini e bady ofter death.	, ta, 19 ian death occurred on the date	, that (I) (we) last and haur and from the
22b SIGNATURE William	0. Rexrode	ATTENDING HE	22c. DA	ATE SIGNED
To. BIRTHPLACE (State or fountry)  Maryland  To city or town of Deal  Hagers  To. SUAL RESIDENCE (Windowssion)  STATE  Marylan  14. FATHER'S NAME  16a. WAS DECEASED EVER  Yes, no, or unknown)  18. CAUSE OF DEATH  PART 1 DEATH N  Conditions, if ony, we rise to immediate of stoting the underly lost.  PART 2 OTHER SIGN  19a. DATE OF OPERATION  Town of the courses stoting the underly lost.  PART 2 OTHER SIGN  19a. DATE OF OPERATION  While Not while of work  22a. I certify the saw the de courses stot  22b. SIGNATURE  William  William  22d. PHYSICIANS  NAME (Type)  23a. BURIAL, CREMATION, REMOVE (Part)	mile ford	22e. ADDRESS 145 S. Pros		
230. BURIAL, CREMATION, RENOVAL (POLT)	Jan.15,1969 Ceda	F CEMETERY OR CREMATORY r Lawn Mem. Garden		
24 FUNERAL DIRECTOR Andrew K.	Hagerstown, Md. ADDRES Coffman Funeral Ho	me Inc. 250 REC'D BY		GNATURE STA

MAKTLAND STATE DEPARTMENT OF HEALTH

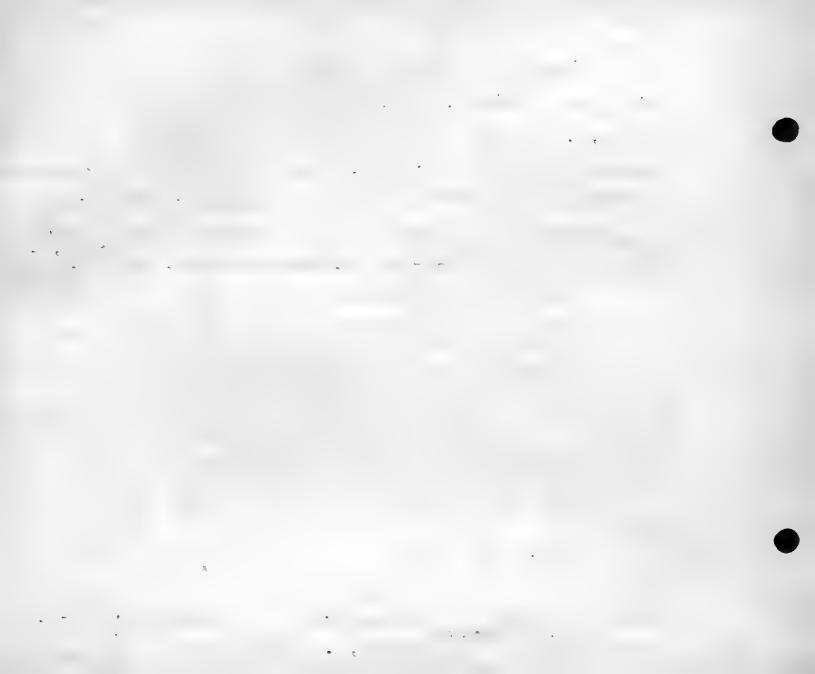
2.4 79 1 1.

11.	1			STATE DEPARTMENT OF		
1 1		21865	DIVISION OF VITAL RECORDS, 30	RTIFICATE OF DEATH		A1656
÷ _2+		CEASED NAME First	Middle	Last	2a DATE OF DEATH	2b. HOUR
r death uneral 1 and 2 er death	(1	ype or print) Arthur	Ellsworth	Summers	Jan Month Do	Y 7 9 69 M
fun 1 er o	3 50		4. RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR
# S & S	N	ale	Colored	Sept 21 1	912   iast birthday)	MORENS DAYS HOURS MIN
\$ (\$\frac{1}{2}1	70.	BIRTHPLACE (State or foreign		MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
d d d d d d d d d d d d d d d d d d d	SY	rpsburg, Md	USA	WIDOWED 🔯 DIVORCED 🗍	Weshington	Md.
hin 24 filled paper thin 7		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITU	UTION (If not in hospital 12a US	UAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
ely with with	_	agerstown Mo			most of working life, even if retired)	Tovern
DHOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in both funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pages. Tagges 1 and 2 should be filled with the State Dept. of Health priar ta burial, cremation, or removal, and in any event, within 72 hoors after death		USUAL RESIDENCE (Where decease story) 25TATE	LIAL COUNTY	Berstown 13d 1850E CTV	13e STREET AND NUMBER NO 42B Perk	Place
d co	14	ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME	First Middle	Last
and and in an		Enory	Summers	Anna		Cook
care be sician a please r	16a.	WAS DECEASED EVER IN U.S. ARM	JED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	Address	3000
physician physician ten please oval, and it	Y	es, na, ar unknawn)   Lilf yes give w S (VOIL)	Tordoje of service) 2 214-19-13	031 Mrs. Anna	E. Summers 402	
he death certific offending phys permit. Then p		18. CAUSE OF DEATH (Enter an	y one cause per line for (a), (b), and (c))	(1)	0 /	APPROXIMATE INTERVAL BETWEEN CONSET AND DEATH
the light in the second	L	PART I. DEATH WAS CAUSED	TE CAUSE (a) CUMAG	uny Calle		
ne death attendi permit. ian, or r		11	DUE TO, OR AS A CONSEQUENCE OF	8 "	20 1	2/10
the stip		Canditians, if any, which gave)	( melo stor	2 Cancing	of sturg	2/68
quires that th physician. signed by the burial-transit p		rise to immediate cause (a). ( stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE OF	.100	Pia	5/10
sicion of a		last.	(c) Careling	mu cy kon	kylip	2/68
phy phy sign buri		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OF	RECONDITION GIVEN IN PART I(a)	
ing ing	18			· · · · · · · · · · · · · · · · · · ·		
lay lay se be as be as to brian	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFO		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
and the season of the season o	E			YES NO	W	
AN: of all cate far t	3	21 a. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF CEAT		21c HOW INJURY OCCURRED (En	ter nature of injury in Part 1 or Part 2,	Item 18.)
SICI Spirit ed de de de de de de de de de de de de d	MEDIC	(If either, natify medical examin				
ATENDING PHYSICIAN: The law requires that the death certificate by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physhould be detached for use as the burial-transit permit. Then shall be detached for use as the burial-transit permit. Then the State Dept. of Health priar ta burial, crematian, or remove	~	While Nat while	PLACE OF INJURY ( AT NOME FARM, STREET, FACTOR OFFICE BUILDING, ETC.	(1) 21f. LOCATION Street or R.F.D. N	Na. City ar Tawn	Caunty State
the second		at wark at wark	a beenisely estimated the deceased	from 4/15/	0 to 1/c/- 10	that (IV (such last
Affe be Ste		saw the deceased al	live an 19	and that in (my) (ear) o	pinian death accurred on the d	ate and hour and from the
DR:	22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 19 7, and the causes stated abave, (I) (we) (did) (did nat) view the bady after dec					
ECT AT		22b. SIONATURE	· CIALLE	MIC ATTENDING W	MED. STAFF 22c.	DATE SIGNED
DIR be 3e 3e	1	Herman	Epolora	DEGREE PHYS L	MED. STAFF DIRECTOR PHYS.	<b>XX</b> 1/15/69
TAI AI Par		226. PHYSICIAN'S NAME (Type) Doma I d	E. Martin, M.D.	22e ADDRESS 363 S C1	eveland Ave., Hag	erstown Md.
Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. of Health priar ta burial, cre						
H. dge	230	BUR AL, CREMATION, 236 I		METERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
5 5		FUNERAL DIRECTOR	17 1969 Nation	ol Cemetery	Gettysburg By REGISTRAR   256 REGISTRAR	Pa. Pa.
VR A15 (4) 30M REV 1/68	6	Kand P > 1 4	· 0. 11	and DATE JA		ma Judes
	L	The I Wala	en 71. Nageraloun	DAIE OF	7 1000	



-			100	DIVISIO	N OF VITA	L RECORDS, 301 W	v. PRESTOI	I STREET, BAL	TIMORE, MAR	YLAND 212	01		
£ -	FOR STATE					DICAL EXAMI						1100	77
	HEALTH DEPT.		ECEASED NAME	Firs		M.ddle		Last		2a DATE N	NOWN Month	Day Yes	or 25 HOUR
		{	Type or Print)	Royma	ond	Joseph		Tracy		OF DEATH	ESTI- MATED X	/	969 A M
	Page Page	3. 5	ξX	4 RACE	5 DATE C		AGE (in years	IF UNDER 1 YEAR	IF UNDER 24 HRS	2c. DATE PR	ONOUNCED DEAD		2d HOUR
	ny detay is 2, and 3 ta PM3. Page partment of		Male	White	Octol	er 19,1906	62 YRS	MONTHS DAYS	HOURS MIN	Month	1/2 Day	6919	6:35
		70.	BIRTHPLACE (Sto	te or foreign		F WHAT COUNTRY?		RIED NEVER M	ARRIED 9 C	OUNTY OF DEA	TH		
-{	after death any detay is 8 Give Pages 1, 2, and 3 ta flor as with farm PM3. Page with the State Department of leath.	Since	ithsbur	a Md	1	ISA	WIDO	DIV DIV	ORCED 🔀	Was	hington		Md
	Poges Vith for		CITY OR TOWN O			II NAME OF HOSP TAL O	R INSTITUTION	(If not in hospita	120 USUAL	OCCUPATION (	(ind of wark done		BUS NESS OR
	9 6 4	H	agersto	wr		give street address) 25 Brax	ton Av	e.	July Dru	ick Dru	e, even if retired.)	INDUSTRY	Hauchon
	haurs after death tem 18 Give Page Office blongwith and 2 with the Sta	130.	. USUAL RESIDEI	NCE (Where deced	sed lived, if	nstitution Residence be	1.		ad inside ( TY LIM.75?	13e. STREET	AND NUMBER		
		_	Mary L	and		shington	Hage	rstown	YES 🐼 NO 🗀	125 /	V. Prospec	et St.	
	haurs Office and 2	14 1	FATHER'S NAME	First	٨		ast	IS MOTHER'S MA			Middle		Last
	24 in 1 r's ( r's (			Daniel		Ira	cy		Pruo	lence	Grace	Sm	ith
	within 24 pencil in xaminer's ile pages 172 haurs		WAS DECEASED E (es, no ar unkno	VER IN U.S. ARMED	FORCES? war or dates of se	16b SOCIAL SECURI	TY NO 1	7 INFORMANT			W. Frank	erstown	n, Md.
	INER: This certificate should be executed within 24 hours be certificate, writing the word "pending" in pencil in Item I should be farwarded to the Chief Medical Examiner's Office. files.  3 should be used as a burial-transit permit. File pages land?	-	yes	IUU	2	214-09-	2034_	Irs-Shir	dey yord	<u>on 819</u>	W. tranks	in it	MATE INTERVA.
	suld be executed with vord "pending" in pene Chief Medical Exar al-transit permit. File any event within 72		1B. CAUSE O	DEATH MALE CL CL	O DV	per ne far (a), (b) and						BETWEEN	ONSET AND DEATH
	xecuted Idingi I Medical permit. It within		, ; .	IMMED	ATE CAUSE (o)	Coronary		usion_				sudd	en
	pen of M sit p		Conditions if	any, which gave		), OR AS A CONSEQUENCE				1 b -	a.	70000	vears
	d b rd :: Chie		rise to imme	diate cause (a),		Athroscl		c card.	LOVASCU	tar ne	art ur	sease	years
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	ficat mg rded as c	_	THE STREET			oholism		IO IN TERMINAL	DISCASE ON CONDI	IIOI OITEI III	(VA) -(V)		
	war war sed aval	TION	19a DATE OF		0 01-0	196 CONDITION FO		RATION				20 AU1	OPSY?
	far far far far far far far far far far	IFIC				WAS PERFORI	NED?					yES	NO N
	LER: This certificate, writtenauld be farwar les. shauld be used itan, ar remaya	MEDICAL CERTIFICATION	21a EXTERNAL			AE OF INJURY Manth, Day,	Year 2	C HOW INJURY O	CCURRED (Enter no	iture of injury i	n Port 1 or Part 2,	Item 1B.)	
	Certi certi nauld les. shau	S	CAUSE OF DEA	OR CONTRIBUTING	L HO	UR A.M. P.M.	19						
		¥	21d NJURY O		PLACE OF IN.	RY (At home, farm, stre	et, 2	If tOCATION Street	forRFD Na	C ty or	Tawn	County	State
	XAM tre th ge 4 your your Page crem		AT WORK		icitily, unite t	ording, etc.)							
	rcal E executor. Page far Page far burnat,		22a. l	certify that i	taak charge	af the remains desc	ribed abave	, held an Aut	apsy 🗍, 🔠	nspection D	, Inquiry	, and i	n my apınian
	SICAL Rease exect director. Postained for DIRECTOR:		death r	esulted fram	Natural	causes 🔀 , Accid	dent 🔲,	Suicide,	Hamicide [		rmined manne		
(	please edirector director retained DIRECT or to bu			1	/	1/4 100 1	/	CH	IIEF MEDICAL EXAM	INER 🔲			
•			ACTUAL SIGNATURE .	40	weight	" Wow	n		S STANT MEDICAL E			E SIGNED	
			EXAMINER'S	Herr	M Face	tio o le a	M D		PUTY MEDICAL EXA			/23/69	
	O DEPUTY, The funeressary, The funera S may be O FUNERA		NAME (Type)			. Weeks,			DRESS(Street, city,				
	5 = = 2 = =	230	BUR AL, CREM. REMOVAL (Spe	ofy)	DATE			OR CREMATORY		3d LOCATION (		(County)	(State)
	()[K)	24	SURVAL DIRECT		125/69	Kes	T Mave	n Cemete	25a REC D BY	ROGERAR	town-Was	ungton	47d.
	VR ATSME IS	-		laven Fru	1000	Thonal Han	erstow	n Md	MAN 2			Van Vand	
	10M REV 1769		/ CAND /	I WOULD JULI	WILL !	THUSEL NEW		The I didne	IVOIT () C	1 (554	19 1	The Verd	AL REAL PROPERTY.

MARYLAND STATE DEPARTMENT OF HEALTH



	ı			D STATE DEPARTMENT OF		5050
		01665		301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	.1358
4		01000		CERTIFICATE OF DEATH		
ر ج 2 ج		CEASED NAME First	Middle	Lost	2o. DATE OF DEATH	2b. HOUR A
death.	(1	ype or print)	ssie McCarde	ll Watkins	Month Doy_	Year A
D Parent	3. SE		4. RACE	S. DATE OF BIRTH	Jan. 23	17:25 <sup>M</sup> 15 UNDER 1 YEAR   15 UNDER 24 HRS.
after death		Female			lost birthdoy)	AONTHS DAYS HOURS MIN
Page The sur			White	1/15/1891		
S. S. Hou	caul	BIRTHPLACE (State or fareign atry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MARRIED	9 COUNTY OF DEATH WASHINGTON	
hin 24 hours after filled in by 16.5. papers. Pages 1 thin 72 hours after		" Maryland	USA	WIDOWED X DIVORCED		Md
E # 8.5 1/	10 (	ITY OR TOWN OF DEATH AGERSTOWN	11 NAME OF HOSPITAL OR INS	STITUTION (If not in haspital 120. USS	AL OCCUPATION (Kind of work dane	126 KIND OF BUSINESS OR
量 多	177	HWUIGHAUH	WESTERN MD.	STATE HOSPITAI during n	nost of work ng life, even if retired)	INDUSTRY
P 4 1 1 1 1		USUAL RESIDENCE (Where decea	sed lived, if institution Residence before	A3c. CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	
tra da	odm	ssion) STATE Marylan	d 13b. COUNTY Carroll	Gaither YES X	IM 139. STREET AND NUMBER PC	Ad
d co	14	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME		Lost
on on in c	I	Wilmer	R. McCarde	11 01	ara Virginia	Beall
ion jour	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECURITY N		Address	Deatt
ysic fica		es, no or unknawn) (if yes give	wor or dates of service) 220-46-64	m / _ 3	Atkins GAIH	LER Mel:
ph ph lovor	<b> -</b>			02 777-0 0 0	0777	APPROXIMATE INTERVAL
in the contract of the contrac	ı	PART I, DEATH WAS CAUSE	nly one cause per line for (a), (b), and (c)			BETWEEN ONSET AND CEATH
enc mit or		112/2 IMMEDI	ATE CAUSE (o) Pulmon ary	embolus		30 Minutes
off off		4567	DUE TO, OR AS A CONSEQUENCE OF			
t the sit and the mat	ı	Conditions, if any, which gove tise to immediate cause (o), i	(b)			
the color		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
sicion solution of the solutio		lost.		<u>ed arteriosclerosi</u>		
may be retained by the hospital or ottending physician.  RAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by 1, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page tilled with the State Dept of Health prior to burial, cremation, or removal, and in any every, within 72 hours.		PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
ng en en to b	-2	CVA, old;	diabetes mellitus			
be the	₽ ₽		CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
h p l	CERTIFICATION			YES 📆 NO 🖺	CAUSES OF DEATH?	
F P # Sign		21a. ACCIDENT WAS UNDERLYI	NG 216 TIME OF INJURY	21c. HOW INJURY OCCURRED (Ent	yes er noture of injury in Port 1 or Part 2, Ita	em 18.)
A Paris de F	₹	OR CONTR BUTING CAUSE OF OFA	TH HOUR A.M. Manth Doy Year iner) P.M.			
t o de de de de de de de de de de de de de	MEDICAL	21d INTERPRED 21a	iner) P.M. 19 . PLACE OF INJURY ( AT HOME, FARM, STREET, FAC	TTORY.) 21f. LOCATION Street or R.F.D. N	a. City ar Town	Caunty State
PH)		While Not while of work	OFFICE BURDING, ETC.	J. E.	or the state of th	20007
te de transfer		Of Work of work	stronger than decorate	d from Jan 23 10	60 to Tan 22 10	60 that (I) (up) last
Affe See See See See See See See See See		saw the deceased a	live on Jan 23	969 and that in (my) #500) or	inian death accurred on the dat	e and hour and from the
the delayer in the second seco		causes stated abov	is disspital) attended the decease ulive anlan23l e, (I) {We) (did) (\$550) view the	body ofter death.	and a series de la constant de la co	
at the state of th		22b. SIGNATURE	1		22c. D.	ATE SIGNED
08 08 18 E	1	te U	· Torcumen	ATTENDING DEGREE PHYS	MED.  DIRECTOR PHYS.   1/	23/69
AL D D D D		22d. PHYSICIAN'S		22e. ADDRESS We	stern Maryland Sta	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with Poge 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely adirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbonated be filled with the State Dept of Health prior to burial, cremation, or removal, and in any effect, where the prior is the prior to burial, cremation, or removal, and in any effect, where the prior is the prior is the prior in the state Dept of Health prior to burial, cremation, or removal, and in any effect, where the prior is the prior is the prior in the state Dept of Health prior to burial, cremation, or removal, and in any effect, where the prior is the prior is the prior in the state Dept of Health prior to burial, cremation, or removal, and in any effect, where the prior is the prior is the prior in the state Dept of Health prior to burial, cremation, or removal, and in any effect, where the prior is the prior is the prior in the state Dept of Health prior to burial, cremation, or removal, and in any effect, where the prior is the prior is the prior in the state Depth of Health prior is the prior in the state Depth of Health prior is the prior in the state Depth of Health prior is the prior in the state Depth of Health prior is the prior in the state Depth of Health prior is the prior in the state Depth of Health prior is the prior in the state Depth of Health prior is the prior in the state Depth of Health prior is the prior in the state Depth of Health prior is the prior in the state Depth of Health prior is the prior in the state Depth of Health prior is the prior in the state Depth of Health prior is the prior in the state Depth of Health prior is the prior in the state Depth of Health prior is the state Depth of Health prior is the state Depth of Health prior is the state Depth of Health prior is the state Depth of Health prior is the stat		NAME (Type) Fe U	. Porciuncula, M.D.	1500 Penn	sylvania Ave., Hage	rstown_Md
Conjo	230	BURIAL, CREMATION, 23b	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
O HOO	1	REMOVAL (Specify)		ingfield Camelexy	Sykesville	ml.
(3K)		FUNERAL DIRECTOR	ADDRESS	2So RECD	BY REGISTRAR 2Sb. REGISTRAR'S S	IGNATURE
30M LEV YOU	1	Harry W.	Haidit Sulini	ille 1120 DATE JA	N 2 8 1969 Acces	las Judge.



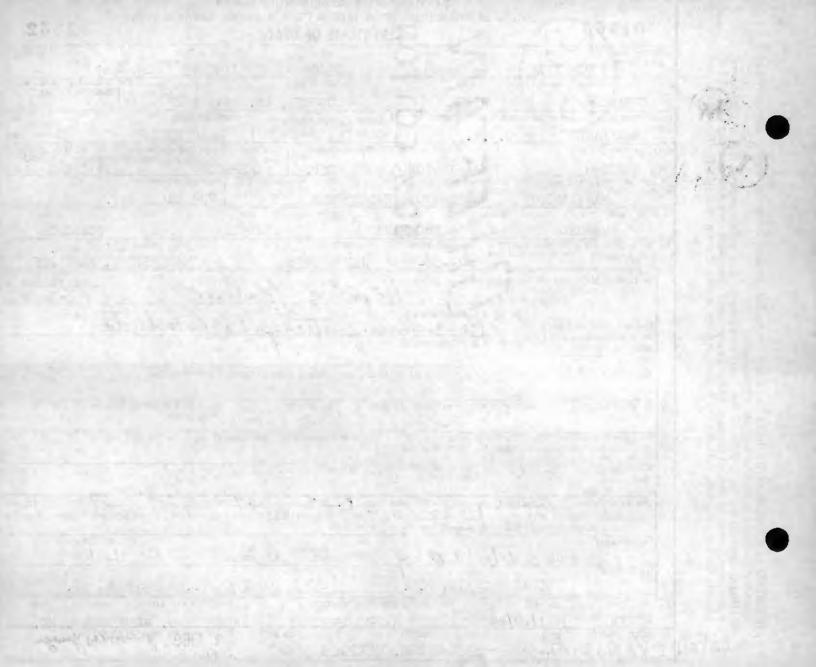
7	1	166.,		RYLAND STATE DEPARTMENT CORDS, 301 W. PRESTON STREET		21201
	Ĩt	6 FilmG409 1/		CERTIFICATE OF DE		01659
death, death, death.	1 D	ECEASED NAME (ype or print) EA	Midd		JANUARY Month	
un after death y the furning Pages 1. orda	3 5	MA LE	4 RACE WHITE	S DATE OF BIRTH	1901 6. AGE (19	yeors IF UNDER LYEAR F JINDER 24 HRS boday MONTHS DAYS HOURS MIN
4 hours		BIRTHP.ACE (Stote or foreign WEST VIRGINI	76 CITIZEN OF WHAT COUNTRY	8 MARRIED K NEVER MARRIED WIDOWED DIVORCED		ON Md
be executed within 24 hours, and completely filled in by the remove carbon papers. Pagin any event, within 72 hours	10	TITY OR TOWN OF DEATH HAGERSTOWN		ALOR INSTITUTION (If not in haspital GTON CO. HOSPIT	2a USUAL OCCUPATION (Kind of waring mast of working the even the REPTRED F	work dane 12b. KIND OF BUSINESS OR
omplete	13a adm	USUAL RESIDENCE (Where decease issian) STATE VIRGIN	d lived, if institution Residence	BERKLEY SPRING	SIDE CITY L # 152 13e STREET AND I	
e execond cond corremo		FATHER'S NAME First	Middle	Lost 15 MOTHER S MAIDEN	NAME First	Middle Last
a 5 % D		CHARLES WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL	R 17. INFORMANT	SARAH B	CLARK ERKLEY SPRINGS
physa en pli oval,	<u> </u>	NO	r or dates of service)	8-7/8.5 MRS. EDI	TH S. WEBER	/ W W
OR ATTENDING PHYSICIAM: The law requires that the death certificate be exercised by the hospital or ottending physician.  IRECTOR: After this certificate has been signed by the attending physician and companies and should be detached for use as the burial-transit permit. Then please removed with the State Dept, of Health priar to burial, cremotion, or removal, and in any		18. CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED IMMEDIA  Candit ons, if any, which gave) trise to immediate couse (a).	y ane cause per line (00(6), (s) 8Y IE CALSE (o)	grand Cascalo	y Ander	BETWEEN ONSTRAND PLATH  ON WITHIN
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires tha Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. of Health priar to burial, cren		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE (c)	BUT NOT RELATED TO THE TERMINAL DISE	EASE OR CONDITION GIVEN IN PART	1(0)
The law re ottending has been se os the th priar to	RI FICATION	19a DATE OF OPERATION 19b (	ONDITION FOR WHICH OPERATIO	N WAS PEDFORMED 200 AUTOPSY? YES	NO 1 20b IF YES, WERE CAUSES OF DEATH	FINDINGS CONSIDERED IN CERTIFYING
PHYSICIAN: The he hospital or off this certificate ha etached for use toget, of Health p	EDICAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M Month Du	y Year 19	D (Enter nature of injury in Part 1	or Port 2, Item 18)
S PHYS the hos this ce detache e Dept.	W	While Nat while at wark	Corrice Building	112	R.F.D. Na. City ar Town	County State
ATTENDING PHYSICIAM: The retained by the hospital or of ECTOR: After this certificate has shauld be detached for use with the State Dept. of Health		22a. I certify that (!) (this saw the deceased all causes system above	s haspital) attended the ive on (I) (we) (did) (did nat)&a	.t	, 19 / 9 , ta Property of the property of the	on the date and haur and from the
OR AT be retor DIRECTO		22b. SIGNATUR	Ndy phal	DEGREE ATTENDING PHYS	MED STAFF PHYS	22c DATE SIGNED
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld should be filed with the		22d PHYSIC AN'S NAME (Type)	R. Jandres	79 M 220 ADDRESS	U. MKANUR	(Miggistal)
To Ho Page To Ful direct shou	23a	BURIAL CREMATION 23b D		NAME OF CEMETERY OR CREMATORY  OLIVET CEM.	23d LOCAT ON (City of MOR	GAN COUNTY W. VA
VR A15 (4 45M - 1/69	_	FUNERAL DIRECTOR	ut Higers	ADDRESS W25g	REC'D BY REGISTRAR 25h	REGISTRAR'S S GNATURE





. 7		MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
		3166) CERTIFICA	ATE OF DEATH  Reg. Dist. No.
director		PLACE OF DEATH COUNTY Washington MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATEMARY Land b. COUNTWASHINGTON
funeral old be f		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  6 Month	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown
А		d. NAME OF HOSPITAL (If not in hospital, give street address)  Jackson Convalescent Home	d STREET ADDRESS 819 Mulberry Ave., e. IS RESIDENCE ON A FARMA YES \( \) NO (4)
		NAME OF DECEASED (Type or print) VIOLA ELIZABETH WI	LLTANSON  4. DATE Month Day Yeor OF DEATH JANUARY 17 19 69
I	4 '	SEX 6. COLOR OR RACE White Widowed Divorced D	B. DATE OF BIRTH  5-23-1898  9. AGE (In years   If UNDER 1 YEAR IF UNDER 24 HRS   Months   Doys   Hours   Min   Mi
- ina	100	USUAL OCCUPATION (Give kind of work done during most of worked life, even if relired)  Home Home	Cumberland County, Pa 12 CITIZEN OF WHAT COUNTRY?
).	13.	Samuel A. Nixell	Addie M. Mowers
	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 II NO "I Unknown"   (II yes, give wor or doles of service)   180-01-9750	NFORMANT Address Harper H. Williamson, Hagerstown, Md.
C C C C C C C C C C C C C C C C C C C		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)-] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	The down onset and greath
		DUE TO	House do Von
		gove rise to immediate couse (a), stating the under-lying couse lost.	1
5	VOITA		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO DS
***	CERTIFICATION	206 ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enler nature of injury in Part I or Port II of ilem 1B.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. While Not while for work of work	ACE OF INJURY fhome, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
		21. I certify that I attended the deceased from. Die	4, 1968 to wester, 1969, that I lost saw the deceased
r ta bu		ACTUAL SIGNATURE SOUND WORLD	occurred at. 11 2 M, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  580 Northern Ave. Hagerstown, Md.
. /		PHYSICIAN'S Howard N. Weeks M.D.	1-17-1969
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF DUPLAL 1-20-1969 Spring Hil	
-	-	EUNERAL DIRECTOR'S SIGNATURE ADDRESS A	24g REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20, DATE KNOWNED Month Day Year (Type or Print) **DE** ESTI-Poge Lawrence Zello 169 DEATH MATED 2, and 3 t 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2r. DATE PRONOUNCED DEAD Male White July 18, 1920 7a. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form Give Pages 1, country) Maryland U.S.A. WIDOWED DIVORCED [ Washington after deoth 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR with during most of working life, even if retired.) INDUSTRY Big Pool. Md. Au to. 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY HARTS? 13e. STREET AND NUMBER Washington NO V RRDhours and 2 ofter l'tem-14. FATHER'S NAME IS MOTHER'S MAIDEN NAME James 24 Zello Mariva King = hours poges 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS 17. INFORMANT certificate should be executed within pend (Yes, na, ar unknown) Exami 213-18-9002 Mrs. Betty Zello RFD 1.Big Pool File within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN DISET AND DEATH the Chief Medical PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiac Disease 2 years event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gave (b) Obesity rise to immediate couse (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse C forwarded to pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 0 00 removal CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This please execute the certificate. YES T NO T pe 4 should be 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: buriol, crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page NOT WHILE I AT WORK 22a. 1 certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry and in my opinian Hamicide | death resulted fram: Natural causes X Accident Suicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 1-18-69 5 may 70 FUNE Health **EXAMINER'S** 215 W. Washing明明 Ttily Magerrytown. NAME (Type) DITTO. JR. 23a. BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) BUYY (arly) 20 Cedar Lawn Cemetery Hagerstown Wash 24. PUNERAL PURECTOR Thombson VR A15ME (5) Home Clear Spring. Funeral MODATEJAN 10M REV. 1/684

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